

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/26/2018 9:28 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/26/2018	Time: 9:28 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by 'MERCY HOSPITAL - ST. LOUIS ( 26-0020 ) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-1,217,634	554,738	0	0	1.00
2.00 Subprovider - IPF	0	18,214	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-1,199,420	554,738	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 9:25 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO		4.00 Zip Code: 63141- County: ST. LOUIS					
1.00 Street: 615 S. NEW BALLAS ROAD		2.00 City: ST. LOUIS									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	'MERCY HOSPITAL - ST. LOUIS		260020	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MERCY ST. LOUIS PSYCH CENTER		26S020	41180	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.			14,639	9,492	600	909	27,656	142	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.			0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 9:25 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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)	N	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
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
61.01	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

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	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		
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.34	33.87	0.009939	64.00	

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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)	FAMILY MEDICINE	1350	0.25	16.52	0.014908		65.00
65.01		INTERNAL MEDICINE	1400	0.25	21.92	0.011276		65.01
65.02		OB/GYN	1750	0.00	20.51	0.000000		65.02
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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	36.65	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.33	13.37	0.199401		67.00
67.01		INTERNAL MEDICINE	1400	0.42	20.92	0.019681		67.01
67.02		OB/GYN	1750	0.00	22.49	0.000000		67.02
					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.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
		1.00			
<b>Long Term Care Hospital PPS</b>					
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
<b>TEFRA Providers</b>					
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	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
<b>Rural Providers</b>					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 9:25 am		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	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:	5,434,308		0				118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	269034		140.00

G:\Depts\Fiscal\MCR10\MHSL\MHSLCARE18.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 9:25 am																																																																																																	
1.00		2.00		3.00																																																																																																			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.																																																																																																							
141.00	Name: MERCY HEALTH EAST COMMUNITIES	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05301		141.00																																																																																																	
142.00	Street: 645 MARYVILLE CENTRE DRIVE, STE. 100	PO Box: BOX 1602				142.00																																																																																																	
143.00	City: ST. LOUIS, MO 63141	State: WI		Zip Code: OMAHA		143.00																																																																																																	
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																																																																																																	
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>Part A</th> <th>Part B</th> <th>Title V</th> <th>Title XIX</th> <th colspan="2"></th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="8">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)</td> </tr> <tr> <td>155.00</td> <td>Hospital</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">155.00</td> </tr> <tr> <td>156.00</td> <td>Subprovider - IPF</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">156.00</td> </tr> <tr> <td>157.00</td> <td>Subprovider - IRF</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">157.00</td> </tr> <tr> <td>158.00</td> <td>SUBPROVIDER</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2">158.00</td> </tr> <tr> <td>158.01</td> <td></td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">158.01</td> </tr> <tr> <td>159.00</td> <td>SNF</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">159.00</td> </tr> <tr> <td>160.00</td> <td>HOME HEALTH AGENCY</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">160.00</td> </tr> <tr> <td>161.00</td> <td>CMHC</td> <td></td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">161.00</td> </tr> <tr> <td>161.10</td> <td>CORF</td> <td></td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">161.10</td> </tr> </tbody> </table>										Part A	Part B	Title V	Title XIX					1.00	2.00	3.00	4.00			Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								155.00	Hospital	N	N	N	N	155.00		156.00	Subprovider - IPF	N	N	N	N	156.00		157.00	Subprovider - IRF	N	N	N	N	157.00		158.00	SUBPROVIDER					158.00		158.01		N	N	N	N	158.01		159.00	SNF	N	N	N	N	159.00		160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		161.00	CMHC		N	N	N	161.00		161.10	CORF		N	N	N	161.10	
		Part A	Part B	Title V	Title XIX																																																																																																		
		1.00	2.00	3.00	4.00																																																																																																		
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158.01		N	N	N	N	158.01																																																																																																	
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160.00	HOME HEALTH AGENCY	N	N	N	N	160.00																																																																																																	
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Multi campus																																																																																																							
						1.00																																																																																																	
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.																																																																																																							
						N	165.00																																																																																																
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>Name</th> <th>County</th> <th>State</th> <th>Zip Code</th> <th>CBSA</th> <th>FTE/Campus</th> <th></th> </tr> <tr> <th colspan="2"></th> <th>0</th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> <th></th> </tr> </thead> <tbody> <tr> <td>166.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.00</td> <td>166.00</td> </tr> </tbody> </table>										Name	County	State	Zip Code	CBSA	FTE/Campus				0	1.00	2.00	3.00	4.00	5.00		166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00																																																																					
		Name	County	State	Zip Code	CBSA	FTE/Campus																																																																																																
		0	1.00	2.00	3.00	4.00	5.00																																																																																																
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00																																																																																															
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act																																																																																																							
						1.00	167.00																																																																																																
						Y																																																																																																	
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)																																																																																																							
						1.00	168.01																																																																																																
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)																																																																																																							
						1.00	169.00																																																																																																
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)																																																																																																							
						1.00	170.00																																																																																																
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																																																																																																
						10/01/2012	06/30/2018																																																																																																
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																																																																																																	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 9:25 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	09/04/2018	Y	09/04/2018
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 9:25 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	WILLIAM		COLLETTA	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 364-3525		645 MARYVILLE CENTRE DRIVE ST. LOUIS	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 9:25 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	654	238,710	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		654	238,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	9	3,285	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,770	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		843	307,695	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		859				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	37,425	10,455	145,032			1.00
2.00 HMO and other (see instructions)	28,012	36,643				2.00
3.00 HMO IPF Subprovider	1,330	34				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	37,425	10,455	145,032			7.00
8.00 INTENSIVE CARE UNIT	5,176	1,644	17,048			8.00
9.00 CORONARY CARE UNIT	1,395	315	4,655			9.00
10.00 BURN INTENSIVE CARE UNIT	392	362	2,639			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	2,329	28,093			12.00
13.00 NURSERY		715	18,489			13.00
14.00 Total (see instructions)	44,388	15,820	215,956	96.95	4,894.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,910	220	4,083	0.23	60.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				97.18	4,954.00	27.00
28.00 Observation Bed Days		1,659	17,797			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	975	3,085			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	8,579	2,215	44,964	1.00
2.00 HMO and other (see instructions)				5,075	5,209		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		8,579	2,215	44,964	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		217	34	533	16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part II Date/Time Prepared: 11/26/2018 9:25 am			
	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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	331,528,860	45,814	331,574,674	1,061,716.00	312.30	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		3,706,711	0	3,706,711	25,544.00	145.11	4.00
4.01	Physicians - Part A - Teaching		2,567,317	0	2,567,317	18,583.00	138.15	4.01
5.00	Physician and Non-Physician-Part B		33,784,593	0	33,784,593	324,583.00	104.09	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	5,333,714	0	5,333,714	194,932.00	27.36	7.00
7.01	Contracted interns and residents (in an approved programs)		798,643	0	798,643	27,519.00	29.02	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		28,043,002	1,130,587	29,173,589	349,788.00	83.40	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		4,463,300	0	4,463,300	64,529.00	69.17	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		457,149	0	457,149	3,557.00	128.52	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		92,501,814	0	92,501,814	2,108,980.00	43.86	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		69,621,717	0	69,621,717			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		7,564,707	0	7,564,707			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		999,899	0	999,899			22.00
22.01	Physician Part A - Teaching		692,543	0	692,543			22.01
23.00	Physician Part B		9,113,523	0	9,113,523			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,438,790	0	1,438,790			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	0	45,814	45,814	10,304,189.00	0.00	26.00
27.00	Administrative & General	5.00	26,797,892	-3,617,923	23,179,969	610,684.00	37.96	27.00

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

Period:  
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Worksheet S-3  
Part II  
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		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.)		126,564	0	126,564	3,169.00	39.94	28.00
29.00	Maintenance & Repairs	6.00	3,199,150	0	3,199,150	120,516.00	26.55	29.00
30.00	Operation of Plant	7.00	1,653,547	0	1,653,547	82,633.00	20.01	30.00
31.00	Laundry & Linen Service	8.00	563,194	0	563,194	38,889.00	14.48	31.00
32.00	Housekeeping	9.00	6,090,673	0	6,090,673	410,856.00	14.82	32.00
33.00	Housekeeping under contract (see instructions)		145,636	0	145,636	8,700.00	16.74	33.00
34.00	Dietary	10.00	7,712,707	-115,920	7,596,787	448,273.00	16.95	34.00
35.00	Dietary under contract (see instructions)		155,795	0	155,795	10,328.00	15.08	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	4,997,860	-553,203	4,444,657	122,905.00	36.16	38.00
39.00	Central Services and Supply	14.00	3,420,434	0	3,420,434	196,368.00	17.42	39.00
40.00	Pharmacy	15.00	11,051,502	0	11,051,502	267,373.00	41.33	40.00
41.00	Medical Records & Medical Records Library	16.00	639,036	0	639,036	27,555.00	23.19	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/26/2018 9:25 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	289,472,588	45,814	289,518,402	518,296.00	558.60	1.00
2.00	Excluded area salaries (see instructions)	28,043,002	1,130,587	29,173,589	349,788.00	83.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	261,429,586	-1,084,773	260,344,813	168,508.00	1,545.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	97,422,263	0	97,422,263	2,177,066.00	44.75	4.00
5.00	Subtotal wage-related costs (see inst.)	70,621,616	0	70,621,616	0.00	27.13	5.00
6.00	Total (sum of lines 3 thru 5)	429,473,465	-1,084,773	428,388,692	2,345,574.00	182.64	6.00
7.00	Total overhead cost (see instructions)	66,553,990	-4,241,232	62,312,758	12,652,438.00	4.92	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2018 9:25 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		15,246,213	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		37,089,939	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,731,376	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		294,802	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)		788,789	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		6,582,195	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		17,945,207	17.00
18.00	Medicare Taxes - Employers Portion Only		4,597,617	18.00
19.00	Unemployment Insurance		178,365	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		4,976,676	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		89,431,179	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/26/2018 9:25 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		4,463,300	0
2.00	Hospital		4,463,300	0
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10	
				Date/Time Prepared: 11/26/2018 9:25 am	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.238398	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			86,931,838	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			328,990,829	6.00
7.00	Medicaid cost (line 1 times line 6)			78,430,756	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			378,267	9.00
10.00	Stand-alone CHIP charges			1,470,911	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			350,662	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)			13,466	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			72,818	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			17,360	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)			3,894	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			3,894	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)	69,673,114	4,355,729	74,028,843	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	16,609,931	4,355,729	20,965,660	21.00
22.00	Payments received from patients for amounts previously written off as charity care	815,211	271,685	1,086,896	22.00
23.00	Cost of charity care (line 21 minus line 22)	15,794,720	4,084,044	19,878,764	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)			118,971,579	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,543,624	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,374,806	27.01
28.00	Non-Medicare bad debt expense (see instructions)			116,596,773	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			28,627,619	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			48,506,383	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			48,510,277	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet A Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	25,548,290	25,548,290	1.00
1.01	00101	OTHER BUILDING-MOB	0	0	2,608,380	2,608,380	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	0	475,558	475,558	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	18,377,175	18,377,175	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	720,159	720,159	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	794,405	794,405	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	75,729,723	75,729,723	-5,785,112	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	5.02
5.03	00550	ADMINISTRATIVE	4,588,362	229,944	4,818,306	-43,238	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	22,209,530	178,292,341	200,501,871	4,114,631	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,199,150	18,687,822	21,886,972	-5,416,703	6.00
7.00	00700	OPERATION OF PLANT	1,653,547	3,651,205	5,304,752	-2,410,265	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	2,429,540	2,429,540	-2,429,540	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	563,194	536,787	1,099,981	3,112,618	8.00
9.00	00900	HOUSEKEEPING	6,090,673	226,049	6,316,722	-94,925	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	9.03
10.00	01000	DIETARY	7,712,707	6,853,706	14,566,413	-490,690	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,997,860	2,927,275	7,925,135	-3,319,665	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,420,434	1,197,078	4,617,512	-673,721	14.00
15.00	01500	PHARMACY	11,051,502	77,865,648	88,917,150	-75,957,068	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	639,036	322,698	961,734	-450	16.00
17.00	01700	SOCIAL SERVICE	0	1,073,876	1,073,876	-12,556	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,333,714	1,186,548	6,520,262	-78,458	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,029,269	3,246,513	13,275,782	-6,331,782	22.00
23.00	02300	PARAMED PRGM	199,279	10,063	209,342	0	23.00
23.01	02301	RADIOLOGY SCHOOL	195,340	6,690	202,030	-518	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	56,040,984	16,874,079	72,915,063	-11,222,638	30.00
31.00	03100	INTENSIVE CARE UNIT	11,008,048	4,045,472	15,053,520	2,578,112	31.00
32.00	03200	CORONARY CARE UNIT	2,726,002	966,621	3,692,623	-282,644	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,664,681	500,862	2,165,543	-138,581	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	13,630,847	2,906,909	16,537,756	-1,679,772	35.00
40.00	04000	SUBPROVIDER - I PF	3,940,724	635,374	4,576,098	-40,806	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	103,939	132,392	236,331	4,554,481	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	16,131,533	71,287,686	87,419,219	-64,105,865	50.00
51.00	05100	RECOVERY ROOM	2,100,625	173,598	2,274,223	-113,319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,651,201	4,737,262	15,388,463	-3,633,768	52.00
53.00	05300	ANESTHESIOLOGY	542,810	4,586,316	5,129,126	-3,437,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,374,446	10,139,640	18,514,086	-7,125,553	54.00
54.01	05401	ULTRASOUND	1,728,827	1,057,193	2,786,020	-624,750	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,370,542	5,359,276	7,729,818	-956,277	55.00
56.00	05600	RADIOISOTOPE	1,040,927	3,081,823	4,122,750	-2,152,403	56.00
57.00	05700	CT SCAN	1,023,645	1,403,501	2,427,146	-1,214,004	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	674,061	660,739	1,334,800	-614,151	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,384,928	4,249,974	6,634,902	-4,004,546	59.00
60.00	06000	LABORATORY	10,860,270	20,689,708	31,549,978	-1,116,082	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,617,329	2,719,249	5,336,578	-199,495	62.00
65.00	06500	RESPIRATORY THERAPY	8,218,402	3,652,554	11,870,956	-4,572,429	65.00
66.00	06600	PHYSICAL THERAPY	13,903,540	5,457,738	19,361,278	-1,246,262	66.00
69.00	06900	ELECTROCARDIOLOGY	6,535,691	17,041,650	23,577,341	-15,601,565	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,748,787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	53,762,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	83,044,920	73.00
74.00	07400	RENAL DIALYSIS	796,733	371,471	1,168,204	-323,144	74.00
75.00	07500	ASC (NON-DI STINCT PART)	4,675,629	6,811,746	11,487,375	-4,721,528	75.00
76.00	03020	CARDIAC REHAB	881,622	71,559	953,181	-29,228	76.00
76.01	03030	GI LAB	3,831,667	4,668,890	8,500,557	-3,676,677	76.01
76.02	03040	ECT	165,703	36,476	202,179	-57,330	76.02
76.03	03050	OP PSYCH	730,402	574,830	1,305,232	-39,991	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.00	09000	CLINIC	5,872,958	4,446,531	10,319,489	-2,501,914	7,817,575	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,197,511	579,683	1,777,194	-275,146	1,502,048	90.01
91.00	09100	EMERGENCY	28,057,420	8,047,981	36,105,401	-5,174,410	30,930,991	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	1,453,957	388,435	1,842,392	-751,961	1,090,431	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	59,957	59,957	-60,382	-425	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	307,821,201	582,890,681	890,711,882	2,700,671	893,412,553	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	357,374	1,426,804	1,784,178	-64,086	1,720,092	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	622,572	368,766	991,338	-122,993	868,345	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,527,340	5,940,522	27,467,862	-3,502,559	23,965,303	192.00
193.00	19300	NONPAID WORKERS	107,939	89,359	197,298	-56,338	140,960	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINI STRIES	312,078	57,582	369,660	-633	369,027	194.00
194.01	07951	HOSPICE	102,811	51,252	154,063	-12,935	141,128	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	677,545	717,222	1,394,767	1,075,930	2,470,697	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	64,620	64,620	-17,057	47,563	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	331,528,860	591,606,808	923,135,668	0	923,135,668	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,705,100	31,253,390	1.00
1.01	00101	OTHER BUILDING-MOB	0	2,608,380	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	475,558	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,654,026	25,031,201	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	720,159	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	794,405	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,276,622	97,221,233	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	5.02
5.03	00550	ADMINISTRATIVE	0	4,775,068	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	10,649,699	215,266,201	5.04
6.00	00600	MAINTENANCE & REPAIRS	13,391,200	29,861,469	6.00
7.00	00700	OPERATION OF PLANT	-188,241	2,706,246	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,212,599	8.00
9.00	00900	HOUSEKEEPING	0	6,221,797	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	9.03
10.00	01000	DIETARY	-5,730,968	8,344,755	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-71,420	4,534,050	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,943,791	14.00
15.00	01500	PHARMACY	-19,195	12,940,887	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,552,406	2,513,690	16.00
17.00	01700	SOCIAL SERVICE	-63,449	997,871	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-40,563	6,401,241	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,001,315	5,942,685	22.00
23.00	02300	PARAMED ED PRGM	-46,254	163,088	23.00
23.01	02301	RADIOLOGY SCHOOL	-76,090	125,422	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,110,172	58,582,253	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,185,739	13,445,893	31.00
32.00	03200	CORONARY CARE UNIT	0	3,409,979	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-3,190	2,023,772	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-102,585	14,755,399	35.00
40.00	04000	SUBPROVIDER - I PF	-100,102	4,435,190	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-345	4,790,467	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,586,509	20,726,845	50.00
51.00	05100	RECOVERY ROOM	-3,700	2,157,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-416,415	11,338,280	52.00
53.00	05300	ANESTHESIOLOGY	0	1,691,408	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-473,344	10,915,189	54.00
54.01	05401	ULTRASOUND	-65,785	2,095,485	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-315	6,773,226	55.00
56.00	05600	RADIOISOTOPE	0	1,970,347	56.00
57.00	05700	CT SCAN	-14,810	1,198,332	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	720,649	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,630,356	59.00
60.00	06000	LABORATORY	-106,976	30,326,920	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-36,463	5,100,620	62.00
65.00	06500	RESPIRATORY THERAPY	-53,461	7,245,066	65.00
66.00	06600	PHYSICAL THERAPY	-2,982,963	15,132,053	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,199,004	5,776,772	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,748,787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	53,762,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,044,920	73.00
74.00	07400	RENAL DIALYSIS	-12,375	832,685	74.00
75.00	07500	ASC (NON-DIAGNOSTIC PART)	-499,125	6,266,722	75.00
76.00	03020	CARDIAC REHAB	-6,712	917,241	76.00
76.01	03030	GI LAB	-13,488	4,810,392	76.01
76.02	03040	ECT	0	144,849	76.02
76.03	03050	OP PSYCH	-684	1,264,557	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-655,484	7,162,091	90.00
90.01	09001	HYPERBARIC/OP WOUND	-498,468	1,003,580	90.01

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY	-17,263,850	13,667,141	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	AMBULATORY CARE UNIT	-22,044	1,068,387	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	-425	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,577,450	915,990,003	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,720,092	190.00
190.01	19001	VENDING MACHINES	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	190.02
191.00	19100	RESEARCH	0	868,345	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,965,303	192.00
193.00	19300	NONPAID WORKERS	0	140,960	193.00
193.01	19301	MEALS ON WHEELS	0	0	193.01
193.03	19303	CONVENT	0	0	193.03
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	369,027	194.00
194.01	07951	HOSPICE	0	141,128	194.01
194.02	07952	SHARED SERVICES	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	2,470,697	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	47,563	194.08
194.09	07960	MERCY SAFEWATCH	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	22,577,450	945,713,118	200.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/26/2018 9:25 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - NURSERY COSTS</b>					
1.00	NURSERY	43.00	3,488,362	1,072,201	1.00
	O		3,488,362	1,072,201	
<b>B - INTERNS AND RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,276,901	0	1.00
	O		1,276,901	0	
<b>C - CONFIDENTIAL PAYROLL</b>					
1.00	ADULTS & PEDIATRICS	30.00	416,599	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	226,829	378,202	2.00
3.00	ADULTS & PEDIATRICS	30.00	1,455,474	579,905	3.00
4.00	ADULTS & PEDIATRICS	30.00	50,000	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	4,069,124	0	5.00
6.00	OPERATING ROOM	50.00	153,751	0	6.00
7.00	RESPIRATORY THERAPY	65.00	7,500	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	191,982	0	8.00
9.00	GI LAB	76.01	450	0	9.00
10.00	EMERGENCY	91.00	584,000	0	10.00
	O		7,155,709	958,107	
<b>D - BUILDING DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,219,090	1.00
2.00	OTHER BUILDING-MOB	1.01	0	2,608,380	2.00
3.00	OTHER BUILDING-CANCER CENTER	1.02	0	475,558	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
	O		0	26,303,028	
<b>E - HOUSEKEEPING SERVICES</b>					
1.00	OPERATION OF PLANT	7.00	0	239,260	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/26/2018 9:25 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
0			0	239,260	
<b>F - COST OF DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	83,044,920	1.00
2.00	REHAB HOSPITAL	194.08	0	13	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
0			0	83,044,933	
<b>G - PLANT MAINTENANCE</b>					
1.00	MAINTENANCE & REPAIRS	6.00	0	379,212	1.00
0			0	379,212	
<b>I - PROPERTY TAX</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,144,428	1.00
0			0	2,144,428	
<b>J - PENSION RECLASS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	15,809,306	1.00
2.00		0.00	0	0	2.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/26/2018 9:25 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
14.00	0.00	0	0		14.00	
15.00	0.00	0	0		15.00	
16.00	0.00	0	0		16.00	
17.00	0.00	0	0		17.00	
18.00	0.00	0	0		18.00	
19.00	0.00	0	0		19.00	
20.00	0.00	0	0		20.00	
0		0	15,809,306			
<b>K - INTEREST EXPENSE</b>						
1.00	1.00	0	184,772		1.00	
			184,772			
<b>L - DIETARY TECH SALARY</b>						
1.00	40.00	58,381	0		1.00	
2.00	90.00	57,539	0		2.00	
0		115,920	0			
<b>M - EQUIPMENT DEPRECIATION</b>						
1.00	2.00	0	18,377,175		1.00	
2.00	2.01	0	720,159		2.00	
3.00	2.02	0	794,405		3.00	
4.00	0.00	0	0		4.00	
5.00	0.00	0	0		5.00	
8.00	0.00	0	0		8.00	
9.00	0.00	0	0		9.00	
10.00	0.00	0	0		10.00	
11.00	0.00	0	0		11.00	
12.00	0.00	0	0		12.00	
13.00	0.00	0	0		13.00	
14.00	0.00	0	0		14.00	
15.00	0.00	0	0		15.00	
16.00	0.00	0	0		16.00	
17.00	0.00	0	0		17.00	
18.00	0.00	0	0		18.00	
19.00	0.00	0	0		19.00	
20.00	0.00	0	0		20.00	
21.00	0.00	0	0		21.00	
22.00	0.00	0	0		22.00	
23.00	0.00	0	0		23.00	
24.00	0.00	0	0		24.00	
26.00	0.00	0	0		26.00	
27.00	0.00	0	0		27.00	
28.00	0.00	0	0		28.00	
29.00	0.00	0	0		29.00	
30.00	0.00	0	0		30.00	
31.00	0.00	0	0		31.00	
32.00	0.00	0	0		32.00	
33.00	0.00	0	0		33.00	
34.00	0.00	0	0		34.00	
35.00	0.00	0	0		35.00	
36.00	0.00	0	0		36.00	
37.00	0.00	0	0		37.00	
38.00	0.00	0	0		38.00	
39.00	0.00	0	0		39.00	
40.00	0.00	0	0		40.00	
41.00	0.00	0	0		41.00	
42.00	0.00	0	0		42.00	
43.00	0.00	0	0		43.00	
44.00	0.00	0	0		44.00	
45.00	0.00	0	0		45.00	
46.00	0.00	0	0		46.00	
47.00	0.00	0	0		47.00	
48.00	0.00	0	0		48.00	
49.00	0.00	0	0		49.00	
50.00	0.00	0	0		50.00	
51.00	0.00	0	0		51.00	
52.00	0.00	0	0		52.00	
53.00	0.00	0	0		53.00	
54.00	0.00	0	0		54.00	
55.00	0.00	0	0		55.00	
56.00	0.00	0	0		56.00	
0		0	19,891,739			

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/26/2018 9:25 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>N - CRITICAL CARE FELLOWSHIP PROGRAM</b>					
1.00	INTENSIVE CARE UNIT	31.00	871,608	1,132	1.00
2.00	CORONARY CARE UNIT	32.00	207,525	270	2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	207,525	270	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	207,525	270	4.00
	<b>O</b>		1,494,183	1,942	
<b>O - UTILITIES - SNF ADMINISTRATION</b>					
1.00	OPERATION OF PLANT	7.00	0	975	1.00
	<b>O</b>		0	975	
<b>P - STAFF BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,715,424	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,974	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
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
	<b>O</b>		0	3,732,398	
<b>Q - PHYSICIANS' BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,605,611	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
	<b>O</b>		0	4,605,611	
<b>R - LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,119,106	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

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/26/2018 9:25 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
			0	3,119,106		
S - PATIENT PLACEMENT						
1.00	NURSING ADMINISTRATION	13.00	940,980	17,610		1.00
			940,980	17,610		
T - INTERVENTIONAL CARE HH						
1.00	CORONARY CARE UNIT	32.00	82,443	28,527		1.00
			82,443	28,527		
U - PACU RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,688	102		1.00
			1,688	102		
V - EMERGENCY DEPARTMENT ROUTINE REVENUE						
1.00	ADULTS & PEDIATRICS	30.00	970,535	295,777		1.00
			970,535	295,777		
W - AMBULATORY CARE UNIT						
1.00	ADULTS & PEDIATRICS	30.00	408,182	50,017		1.00
			408,182	50,017		
X - MOB HEART HOSPITAL						
1.00	OPERATION OF PLANT	7.00	0	450,096		1.00
			0	450,096		
Y - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	47,748,787		1.00
2.00		0.00	0	0		2.00
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
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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	47,748,787	
<b>Z - IMPLANT SUPPLIES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	53,762,185	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
6.00		0.00	0	0	6.00
8.00		0.00	0	0	8.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
0			0	53,762,185	
<b>AA - CHILD CARE CENTER</b>					
1.00	ST. JOHN'S MERCY HEALTH CARE	194.03	1,072,206	142,596	1.00
0			1,072,206	142,596	
<b>BB - BENEFITS/SALARY RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	45,814	0	1.00
0			45,814	0	
<b>CC - AMBULANCE SERVICES</b>					
1.00	EMERGENCY	91.00	0	59,957	1.00
0			0	59,957	
<b>DD - ED CLINICAL DECISION UNIT</b>					
1.00	ADULTS & PEDIATRICS	30.00	3,405	175	1.00
0			3,405	175	
500.00	Grand Total: Increases		17,056,328	264,042,847	500.00

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - NURSERY COSTS</b>						
1.00	ADULTS & PEDIATRICS	30.00	3,488,362	1,072,201	0	1.00
	O		3,488,362	1,072,201		
<b>B - INTERNS AND RESIDENTS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,276,901	0	0	1.00
	O		1,276,901	0		
<b>C - CONFIDENTIAL PAYROLL</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,268,816	0	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	5,886,893	958,107	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
	O		7,155,709	958,107		
<b>D - BUILDING DEPRECIATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	675	9	1.00
2.00	ADMINISTRATIVE	5.03	0	36,057	9	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,553,247	9	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	5,491,780	9	4.00
5.00	OPERATION OF PLANT	7.00	0	2,958,020	9	5.00
6.00	HEART HOSPITAL	7.03	0	1,955,461	9	6.00
7.00	HOUSEKEEPING	9.00	0	4,112	9	7.00
8.00	DIETARY	10.00	0	114,388	9	8.00
9.00	NURSING ADMINISTRATION	13.00	0	162,606	9	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	313,445	9	10.00
11.00	PHARMACY	15.00	0	215,356	9	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43,447	9	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4,429,438	9	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	287,397	9	14.00
15.00	CORONARY CARE UNIT	32.00	0	26,184	9	15.00
16.00	BURN INTENSIVE CARE UNIT	33.00	0	23,121	9	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	657,362	9	17.00
18.00	SUBPROVIDER - IPF	40.00	0	26,903	9	18.00
19.00	OPERATING ROOM	50.00	0	578,823	9	19.00
20.00	RECOVERY ROOM	51.00	0	681	9	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,018,866	9	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	502,183	9	22.00
23.00	ULTRASOUND	54.01	0	301,885	9	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	201,789	9	24.00
25.00	RADIOISOTOPE	56.00	0	67,062	9	25.00
26.00	CT SCAN	57.00	0	56,373	9	26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	75,273	9	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	48,510	9	28.00
29.00	LABORATORY	60.00	0	225,533	9	29.00
30.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	92,331	9	30.00
31.00	RESPIRATORY THERAPY	65.00	0	142,803	9	31.00
32.00	PHYSICAL THERAPY	66.00	0	442,702	9	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	53,386	9	33.00
34.00	RENAL DIALYSIS	74.00	0	3,624	9	34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	489,548	9	35.00
36.00	GI LAB	76.01	0	565,399	9	36.00
37.00	OP PSYCH	76.03	0	30,619	9	37.00
38.00	CLINIC	90.00	0	259,353	9	38.00
39.00	HYPERBARIC/OP WOUND	90.01	0	3,193	9	39.00
40.00	EMERGENCY	91.00	0	572,019	9	40.00
41.00	AMBULATORY CARE UNIT	92.01	0	17,818	9	41.00
42.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	63,805	9	42.00
43.00	RESEARCH	191.00	0	117,638	9	43.00
44.00	NONPAID WORKERS	193.00	0	48,419	9	44.00
45.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	24,394	9	45.00
	O		0	26,303,028		

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>E - HOUSEKEEPING SERVICES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	155,889	0		1.00
2.00	HOUSEKEEPING	9.00	0	910	0		2.00
3.00	DIETARY	10.00	0	560	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,056	0		4.00
5.00	ULTRASOUND	54.01	0	5,319	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	180	0		6.00
7.00	LABORATORY	60.00	0	6,977	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	142	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	13,139	0		9.00
10.00	ASC (NON-DISTINCT PART)	75.00	0	6,790	0		10.00
11.00	GI LAB	76.01	0	38,621	0		11.00
12.00	OP PSYCH	76.03	0	186	0		12.00
13.00	EMERGENCY	91.00	0	7,380	0		13.00
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,111	0		14.00
O			0	239,260			
<b>F - COST OF DRUGS</b>							
1.00	ADMINISTRATIVE	5.03	0	1	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33,616	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	58	0		3.00
4.00	DIETARY	10.00	0	320	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	471	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,362	0		6.00
7.00	PHARMACY	15.00	0	75,057,261	0		7.00
8.00	SOCIAL SERVICE	17.00	0	12,556	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	432,246	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	157,648	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	41,869	0		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	29,454	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	42,131	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	362	0		14.00
15.00	OPERATING ROOM	50.00	0	195,785	0		15.00
16.00	RECOVERY ROOM	51.00	0	23,141	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	112,451	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	920,484	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	214,450	0		19.00
20.00	ULTRASOUND	54.01	0	868	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	256	0		21.00
22.00	RADIOISOTOPE	56.00	0	1,894,207	0		22.00
23.00	CT SCAN	57.00	0	281,823	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	217,097	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	72,213	0		25.00
26.00	LABORATORY	60.00	0	754	0		26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	14,655	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	490,595	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	989	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	696,417	0		30.00
31.00	RENAL DIALYSIS	74.00	0	2,206	0		31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	70,877	0		32.00
33.00	CARDIAC REHAB	76.00	0	117	0		33.00
34.00	GI LAB	76.01	0	97,199	0		34.00
35.00	ECT	76.02	0	3,550	0		35.00
36.00	OP PSYCH	76.03	0	3,413	0		36.00
37.00	CLINIC	90.00	0	1,644,780	0		37.00
38.00	HYPERBARIC/OP WOUND	90.01	0	32,375	0		38.00
39.00	EMERGENCY	91.00	0	192,494	0		39.00
40.00	AMBULATORY CARE UNIT	92.01	0	18,640	0		40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,181	0		41.00
42.00	NEIGHBORHOOD MINISTRIES	194.00	0	572	0		42.00
43.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	29,989	0		43.00
O			0	83,044,933			
<b>G - PLANT MAINTENANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	379,212	0		1.00
O			0	379,212			
<b>I - PROPERTY TAX</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,144,428	13		1.00
O			0	2,144,428			

RECLASSIFICATIONS

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From 07/01/2017  
To 06/30/2018

Worksheet A-6  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>J - PENSION RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,095,533	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	93,377	0	2.00	
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	171,777	0	4.00	
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	67,397	0	5.00	
7.00	PHYSICAL THERAPY	66.00	0	5,419	0	7.00	
8.00	CLINIC	90.00	0	4,081	0	8.00	
9.00	HYPERBARIC/OP WOUND	90.01	0	2,952	0	9.00	
10.00	EMERGENCY	91.00	0	324,729	0	10.00	
11.00	EMERGENCY	91.00	0	36,359	0	11.00	
12.00	EMERGENCY	91.00	0	30,991	0	12.00	
13.00	EMERGENCY	91.00	0	22,912	0	13.00	
14.00	EMERGENCY	91.00	0	26,113	0	14.00	
15.00	EMERGENCY	91.00	0	27,175	0	15.00	
16.00	EMERGENCY	91.00	0	20,751	0	16.00	
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	51,972	0	17.00	
18.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	208,196	0	18.00	
19.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	618,927	0	19.00	
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	645	0	20.00	
			0	15,809,306			
<b>K - INTEREST EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	184,772	11	1.00	
			0	184,772			
<b>L - DIETARY TECH SALARY</b>							
1.00	DIETARY	10.00	115,920	0	0	1.00	
2.00		0.00	0	0	0	2.00	
			115,920	0			
<b>M - EQUIPMENT DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,955	9	1.00	
2.00	ADMINISTRATIVE	5.03	0	6,764	9	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,106,414	9	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	304,077	9	4.00	
5.00	OPERATION OF PLANT	7.00	0	142,576	9	5.00	
8.00	HEART HOSPITAL	7.03	0	23,983	9	8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	6,488	9	9.00	
10.00	HOUSEKEEPING	9.00	0	85,780	9	10.00	
11.00	DIETARY	10.00	0	157,353	9	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	298,924	9	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	358,807	9	13.00	
14.00	PHARMACY	15.00	0	613,049	9	14.00	
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	27,455	9	15.00	
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	36,614	9	16.00	
17.00	RADIOLOGY SCHOOL	23.01	0	518	9	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	2,446,647	9	18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	425,567	9	19.00	
20.00	CORONARY CARE UNIT	32.00	0	134,106	9	20.00	
21.00	BURN INTENSIVE CARE UNIT	33.00	0	70,324	9	21.00	
22.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	591,894	9	22.00	
23.00	SUBPROVIDER - IPF	40.00	0	13,707	9	23.00	
24.00	NURSERY	43.00	0	6,082	9	24.00	
26.00	OPERATING ROOM	50.00	0	3,763,317	9	26.00	
27.00	RECOVERY ROOM	51.00	0	28,483	9	27.00	
28.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,064,558	9	28.00	
29.00	ANESTHESIOLOGY	53.00	0	318,358	9	29.00	
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,712,007	9	30.00	
31.00	ULTRASOUND	54.01	0	277,250	9	31.00	
32.00	RADIOLOGY-THERAPEUTIC	55.00	0	489,539	9	32.00	
33.00	RADIOISOTOPE	56.00	0	163,222	9	33.00	
34.00	CT SCAN	57.00	0	334,660	9	34.00	
35.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	230,949	9	35.00	
36.00	CARDIAC CATHETERIZATION	59.00	0	457,947	9	36.00	
37.00	LABORATORY	60.00	0	868,965	9	37.00	
38.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	76,285	9	38.00	
39.00	RESPIRATORY THERAPY	65.00	0	564,734	9	39.00	
40.00	PHYSICAL THERAPY	66.00	0	206,324	9	40.00	

RECLASSIFICATIONS

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Worksheet A-6  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
41.00	ELECTROCARDIOLOGY	69.00	0	616,883	9		41.00
42.00	RENAL DIALYSIS	74.00	0	58,800	9		42.00
43.00	ASC (NON-DISTINCT PART)	75.00	0	487,479	9		43.00
44.00	CARDIAC REHAB	76.00	0	27,665	9		44.00
45.00	GI LAB	76.01	0	610,403	9		45.00
46.00	ECT	76.02	0	2,783	9		46.00
47.00	OP PSYCH	76.03	0	5,773	9		47.00
48.00	CLINIC	90.00	0	124,157	9		48.00
49.00	HYPERBARIC/OP WOUND	90.01	0	36,105	9		49.00
50.00	EMERGENCY	91.00	0	380,085	9		50.00
51.00	AMBULATORY CARE UNIT	92.01	0	105,636	9		51.00
52.00	AMBULANCE SERVICES	95.00	0	425	9		52.00
53.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	281	9		53.00
54.00	RESEARCH	191.00	0	5,355	9		54.00
55.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,308	9		55.00
56.00	NONPAID WORKERS	193.00	0	7,919	9		56.00
			0	19,891,739			
<b>N - CRITICAL CARE FELLOWSHIP PROGRAM</b>							
1.00	NURSING ADMINISTRATION	13.00	1,494,183	1,942	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
			1,494,183	1,942			
<b>O - UTILITIES - SNF ADMINISTRATION</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	975	0		1.00
			0	975			
<b>P - STAFF BENEFITS</b>							
1.00	ADMINISTRATIVE	5.03	0	416	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	170,384	0		2.00
3.00	HOUSEKEEPING	9.00	0	3,792	0		3.00
4.00	DIETARY	10.00	0	1,195	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,318,936	0		5.00
6.00	PHARMACY	15.00	0	5,554	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	450	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	42,180	0		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4,153	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	293,080	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	26,500	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	14,999	0		12.00
13.00	BURN INTENSIVE CARE UNIT	33.00	0	9,036	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	60,367	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	21,354	0		15.00
16.00	OPERATING ROOM	50.00	0	33,130	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	105,256	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,647	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,898	0		19.00
20.00	LABORATORY	60.00	0	13,640	0		20.00
21.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	4,693	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	380	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	1,182	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	18,527	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	7,492	0		25.00
26.00	GI LAB	76.01	0	7,152	0		26.00
27.00	CLINIC	90.00	0	38,493	0		27.00
28.00	HYPERBARIC/OP WOUND	90.01	0	148	0		28.00
29.00	EMERGENCY	91.00	0	399,459	0		29.00
30.00	AMBULATORY CARE UNIT	92.01	0	6,599	0		30.00
32.00	NEIGHBORHOOD MINISTRIES	194.00	0	61	0		32.00
33.00	HOSPICE	194.01	0	12,935	0		33.00
34.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	77,335	0		34.00
35.00	REHAB HOSPITAL	194.08	0	17,070	0		35.00
36.00	ULTRASOUND	54.01	0	7,905	0		36.00
			0	3,732,398			
<b>Q - PHYSICIANS' BENEFITS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	106,373	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,740	0		2.00

RECLASSIFICATIONS

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Date/Time Prepared:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	440,295	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	100	0	4.00	
5.00	OPERATING ROOM	50.00	0	1,291	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	100	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,305	0	7.00	
8.00	PHYSICAL THERAPY	66.00	0	197,046	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	280	0	9.00	
10.00	CLINIC	90.00	0	29,237	0	10.00	
11.00	HYPERBARIC/OP WOUND	90.01	0	28,382	0	11.00	
12.00	EMERGENCY	91.00	0	1,156,273	0	12.00	
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,629,035	0	13.00	
14.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	7,154	0	14.00	
	O		0	4,605,611			
<b>R - LAUNDRY</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,984	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	482	0	2.00	
3.00	HOUSEKEEPING	9.00	0	331	0	3.00	
4.00	DIETARY	10.00	0	4,866	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	1,193	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	107	0	6.00	
7.00	PHARMACY	15.00	0	2,199	0	7.00	
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	83	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,391,768	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	221,143	0	10.00	
11.00	CORONARY CARE UNIT	32.00	0	79,724	0	11.00	
12.00	BURN INTENSIVE CARE UNIT	33.00	0	49,428	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	69,996	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	0	36,833	0	14.00	
15.00	OPERATING ROOM	50.00	0	76,384	0	15.00	
16.00	RECOVERY ROOM	51.00	0	17,435	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	186,631	0	17.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143,895	0	19.00	
20.00	ULTRASOUND	54.01	0	22,904	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	61,020	0	21.00	
22.00	RADIOISOTOPE	56.00	0	11,022	0	22.00	
23.00	CT SCAN	57.00	0	36,453	0	23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,631	0	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	38,509	0	25.00	
26.00	LABORATORY	60.00	0	36	0	26.00	
27.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,538	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	0	11,237	0	28.00	
29.00	PHYSICAL THERAPY	66.00	0	112,685	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	51,155	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	11,320	0	31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	0	95,071	0	32.00	
33.00	CARDIAC REHAB	76.00	0	1,328	0	33.00	
34.00	GI LAB	76.01	0	126,161	0	34.00	
35.00	ECT	76.02	0	2,636	0	35.00	
36.00	CLINIC	90.00	0	36,880	0	36.00	
37.00	EMERGENCY	91.00	0	178,079	0	37.00	
38.00	AMBULATORY CARE UNIT	92.01	0	18,801	0	38.00	
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,158	0	39.00	
	O		0	3,119,106			
<b>S - PATIENT PLACEMENT</b>							
1.00	ADULTS & PEDIATRICS	30.00	940,980	17,610	0	1.00	
	O		940,980	17,610			
<b>T - INTERVENTIONAL CARE HH</b>							
1.00	CARDIAC CATHETERIZATION	59.00	82,443	28,527	0	1.00	
	O		82,443	28,527			
<b>U - PACU RECLASS</b>							
1.00	RECOVERY ROOM	51.00	1,688	102	0	1.00	
	O		1,688	102			
<b>V - EMERGENCY DEPARTMENT ROUTINE REVENUE</b>							
1.00	EMERGENCY	91.00	970,535	295,777	0	1.00	
	O		970,535	295,777			
<b>W - AMBULATORY CARE UNIT</b>							
1.00	AMBULATORY CARE UNIT	92.01	408,182	50,017	0	1.00	
	O		408,182	50,017			

RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/26/2018 9:25 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>X - MOB HEART HOSPITAL</b>							
1.00	HEART HOSPITAL	7.03	0	450,096	0		1.00
	O		0	450,096			
<b>Y - MEDICAL SUPPLIES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,987	0		1.00
2.00	DIETARY	10.00	0	96,088	0		2.00
4.00	PHARMACY	15.00	0	63,649	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,545,630	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,245,477	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	303,949	0		7.00
8.00	BURN INTENSIVE CARE UNIT	33.00	0	165,013	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	465,817	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	28	0		10.00
12.00	OPERATING ROOM	50.00	0	19,910,525	0		12.00
13.00	RECOVERY ROOM	51.00	0	41,789	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	915,123	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	2,198,876	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,965,839	0		16.00
17.00	ULTRASOUND	54.01	0	8,619	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	192,240	0		18.00
19.00	RADIOISOTOPE	56.00	0	16,890	0		19.00
20.00	CT SCAN	57.00	0	504,266	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	79,201	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	1,655,989	0		22.00
23.00	LABORATORY	60.00	0	177	0		23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	9,993	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	3,361,038	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	266,776	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	6,187,017	0		27.00
28.00	RENAL DIALYSIS	74.00	0	247,194	0		28.00
29.00	ASC (NON-DISTINCT PART)	75.00	0	1,529,324	0		29.00
30.00	CARDIAC REHAB	76.00	0	118	0		30.00
31.00	GI LAB	76.01	0	1,926,690	0		31.00
32.00	ECT	76.02	0	48,361	0		32.00
33.00	CLINIC	90.00	0	422,472	0		33.00
34.00	HYPERBARIC/OP WOUND	90.01	0	105,647	0		34.00
35.00	EMERGENCY	91.00	0	1,137,932	0		35.00
36.00	AMBULATORY CARE UNIT	92.01	0	126,053	0		36.00
	O		0	47,748,787			
<b>Z - IMPLANT SUPPLIES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	1,466	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	20	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	578	0		3.00
4.00	OPERATING ROOM	50.00	0	39,700,361	0		4.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	230,783	0		6.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,577,171	0		8.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,253	0		10.00
11.00	CT SCAN	57.00	0	429	0		11.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,618,510	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	9,000	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	8,169,882	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	2,034,947	0		16.00
17.00	GI LAB	76.01	0	305,502	0		17.00
18.00	HYPERBARIC/OP WOUND	90.01	0	66,344	0		18.00
19.00	EMERGENCY	91.00	0	35,724	0		19.00
20.00	AMBULATORY CARE UNIT	92.01	0	215	0		20.00
	O		0	53,762,185			
<b>AA - CHILD CARE CENTER</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,072,206	142,596	0		1.00
	O		1,072,206	142,596			
<b>BB - BENEFITS/SALARY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45,814	0		1.00
	O		0	45,814			
<b>CC - AMBULANCE SERVICES</b>							
1.00	AMBULANCE SERVICES	95.00	0	59,957	0		1.00
	O		0	59,957			
<b>DD - ED CLINICAL DECISION UNIT</b>							
1.00	EMERGENCY	91.00	3,405	175	0		1.00
	O		3,405	175			
500.00	Grand Total: Decreases		17,010,514	264,088,661			500.00

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RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,950,344	0	0	0	1.00
2.00	Land Improvements	11,916,991	0	0	0	2.00
3.00	Buildings and Fixtures	818,701,053	7,986,981	0	7,986,981	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	8,406,505	534,195	0	534,195	5.00
6.00	Movable Equipment	284,904,009	10,667,682	0	10,667,682	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,130,878,902	19,188,858	0	19,188,858	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,130,878,902	19,188,858	0	19,188,858	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,950,344	0			1.00
2.00	Land Improvements	11,916,991	5,889,289			2.00
3.00	Buildings and Fixtures	826,577,276	250,652,569			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	8,940,700	4,876,555			5.00
6.00	Movable Equipment	281,614,455	162,474,377			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,135,999,766	423,892,790			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,135,999,766	423,892,790			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	OTHER BUILDING-MOB	0	0				1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0				2.02
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet A-7 Part III Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0 1.00
1.01	OTHER BUILDING-MOB	0	0	0	0.000000	0 1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0.000000	0 1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0.000000	0 2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0.000000	0 2.02
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0 3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	29,108,962	0 1.00
1.01	OTHER BUILDING-MOB	0	0	0	2,608,380	0 1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	475,558	0 1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	25,031,201	0 2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	720,159	0 2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	794,405	0 2.02
3.00	Total (sum of lines 1-2)	0	0	0	58,738,665	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	2,144,428	0	31,253,390 1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	2,608,380 1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	475,558 1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	25,031,201 2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	720,159 2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	794,405 2.02
3.00	Total (sum of lines 1-2)	0	0	2,144,428	0	60,883,093 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-184,772	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
1.01 Investment income - OTHER BUILDING-MOB (chapter 2)			OTHER BUILDING-MOB	1.01			1.01
1.02 Investment income - OTHER BUILDING-CANCER CENTER (chapter 2)			OTHER BUILDING-CANCER CENTER	1.02			1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00			2.00
2.01 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-MOB (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01			2.01
2.02 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-CANCER (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02			2.02
3.00 Investment income - other (chapter 2)		0		0.00			3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00			4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00			5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00			6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00			7.00
8.00 Television and radio service (chapter 21)		0		0.00			8.00
9.00 Parking lot (chapter 21)		0		0.00			9.00
10.00 Provider-based physician adjustment	A-8-2	-37,572,435					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00			11.00
12.00 Related organization transactions (chapter 10)	A-8-1	21,435,472					12.00
13.00 Laundry and linen service		0		0.00			13.00
14.00 Cafeteria-employees and guests	B	-5,699,840	DIETARY	10.00			14.00
15.00 Rental of quarters to employee and others		0		0.00			15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00			16.00
17.00 Sale of drugs to other than patients		0		0.00			17.00
18.00 Sale of medical records and abstracts		0		0.00			18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00			19.00
20.00 Vending machines		0		0.00			20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00			21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00			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
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00			26.00
26.01 Depreciation - OTHER BUILDING-MOB			OTHER BUILDING-MOB	1.01			26.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/26/2018 9:25 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
		1.00	2.00			5.00	
26.02	Depreciation - OTHER BUILDING-CANCER CENTER			0	OTHER BUILDING-CANCER CENTER	1.02	0 26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
27.01	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-MOB			0	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0 27.01
27.02	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-CANCER			0	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0 27.02
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00	A&G NON-ALLOWABLE COSTS	A	-15,540	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 33.00
33.02	TELEVISION ELIMINATION	A	-188,241	0	OPERATION OF PLANT	7.00	0 33.02
33.03	TELEVISION ELIMINATION	A	-771	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04	TELEVISION ELIMINATION	A	-17,850	9	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.04
34.00	TELEPHONE ADJUSTMENT	A	-83,722	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 34.00
35.00	PENSION	A	0	0		0.00	0 35.00
36.00	MOB RENTAL INCOME ELIMINATION	A	-3,743,104	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 36.00
37.00	FRA ADJUSTMENT	A	53,543,011	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 37.00
38.00	AHA/MHA/CHA DUES	A	-54,466	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 38.00
39.00	SPORTING INVOICES	A	-11,284	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 39.00
40.00	AHA CARRYFORWARD/MEDI CARE DEPREC	A	0	0		0.00	9 40.00
41.00	BUILDING DEPRECIATION	A	0	0		0.00	9 41.00
42.00	AHA ADJUSTMENT	A	-123,716	9	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 42.00
42.01	NON-ALLOWABLE MARKETING/PROMOTION	A	-56,600	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 42.01
42.02	NON-ALLOWABLE MARKETING/PROMOTION	A	-6,714	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 42.02
42.03	NON-ALLOWABLE MARKETING/PROMOTION	A	0	0		0.00	0 42.03
42.04	NON-ALLOWABLE MARKETING/PROMOTION	A	0	0		0.00	0 42.04
42.05	NON-ALLOWABLE MARKETING/PROMOTION	A	-6,139	0	SUBPROVIDER - IPF	40.00	0 42.05
42.06	NON-ALLOWABLE MARKETING/PROMOTION	A	-4,476	0	DELIVERY ROOM & LABOR ROOM	52.00	0 42.06
42.07	NON-ALLOWABLE MARKETING/PROMOTION	A	0	0		0.00	0 42.07
42.08	NON-ALLOWABLE MARKETING/PROMOTION	A	0	0		0.00	0 42.08
42.09	NON-ALLOWABLE MARKETING/PROMOTION	A	0	0		0.00	0 42.09
42.10	NON-ALLOWABLE MARKETING/PROMOTION	A	-36,463	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 42.10
42.11	NON-ALLOWABLE MARKETING/PROMOTION	A	0	0		0.00	0 42.11
42.12	NON-ALLOWABLE MARKETING/PROMOTION	A	-217	0	PHYSICAL THERAPY	66.00	0 42.12
42.13	NON-ALLOWABLE MARKETING/PROMOTION	A	-7,279	0	GI LAB	76.01	0 42.13
42.14	NON-ALLOWABLE MARKETING/PROMOTION	A	-2,050	0	HYPERBARIC/OP WOUND	90.01	0 42.14

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
43.00 NON-ALLOWABLE MARKETING/PROMOTION	A	-17,722	EMERGENCY	91.00	0 43.00
43.01 MISCELLANEOUS INCOME	B	-40	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 43.01
43.02 MISCELLANEOUS INCOME	B	-1,794,168	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 43.02
43.03 MISCELLANEOUS INCOME	B	0		0.00	0 43.03
43.04 MISCELLANEOUS INCOME	B	0		0.00	0 43.04
43.05 MISCELLANEOUS INCOME	B	0		0.00	0 43.05
43.06 MISCELLANEOUS INCOME	B	0		0.00	0 43.06
43.07 MISCELLANEOUS INCOME	B	-31,128	DIETARY	10.00	0 43.07
43.08 MISCELLANEOUS INCOME	B	-71,420	NURSING ADMINISTRATION	13.00	0 43.08
43.09 MISCELLANEOUS INCOME	B	-19,195	PHARMACY	15.00	0 43.09
43.10 MISCELLANEOUS INCOME	B	-61,836	MEDICAL RECORDS & LIBRARY	16.00	0 43.10
43.11 MISCELLANEOUS INCOME	B	-56,108	SOCIAL SERVICE	17.00	0 43.11
43.12 MISCELLANEOUS INCOME	B	-33,849	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 43.12
43.13 MISCELLANEOUS INCOME	B	-33,209	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 43.13
43.14 MISCELLANEOUS INCOME	B	-46,254	PARAMED ED PRGM	23.00	0 43.14
43.15 MISCELLANEOUS INCOME	B	-76,090	RADIOLOGY SCHOOL	23.01	0 43.15
43.16 MISCELLANEOUS INCOME	B	-275,497	ADULTS & PEDIATRICS	30.00	0 43.16
43.17 MISCELLANEOUS INCOME	B	0		0.00	0 43.17
43.18 MISCELLANEOUS INCOME	B	0		0.00	0 43.18
43.19 MISCELLANEOUS INCOME	B	-24,767	NEONATAL INTENSIVE CARE UNIT	35.00	0 43.19
43.20 MISCELLANEOUS INCOME	B	-49,980	SUBPROVIDER - IPF	40.00	0 43.20
43.21 MISCELLANEOUS INCOME	B	-39,283	OPERATING ROOM	50.00	0 43.21
43.22 MISCELLANEOUS INCOME	B	-21,498	DELIVERY ROOM & LABOR ROOM	52.00	0 43.22
43.23 MISCELLANEOUS INCOME	B	-150	RADIOLOGY-DIAGNOSTIC	54.00	0 43.23
43.24 MISCELLANEOUS INCOME	B	-315	RADIOLOGY-THERAPEUTIC	55.00	0 43.24
43.25 MISCELLANEOUS INCOME	B	-9,800	LABORATORY	60.00	0 43.25
43.26 MISCELLANEOUS INCOME	B	-20,163	RESPIRATORY THERAPY	65.00	0 43.26
43.27 MISCELLANEOUS INCOME	B	-650,219	PHYSICAL THERAPY	66.00	0 43.27
43.28 MISCELLANEOUS INCOME	B	-2,350	ELECTROCARDIOLOGY	69.00	0 43.28
43.29 MISCELLANEOUS INCOME	B	-12,375	RENAL DIALYSIS	74.00	0 43.29
43.30 MISCELLANEOUS INCOME	B	-6,712	CARDIAC REHAB	76.00	0 43.30
43.31 MISCELLANEOUS INCOME	B	-2,120	GI LAB	76.01	0 43.31
43.32 MISCELLANEOUS INCOME	B	-684	OP PSYCH	76.03	0 43.32
43.33 MISCELLANEOUS INCOME	B	-253,237	CLINIC	90.00	0 43.33
43.34 MISCELLANEOUS INCOME	B	12,753	EMERGENCY	91.00	0 43.34
43.35 MISCELLANEOUS INCOME	B	-19,832	AMBULATORY CARE UNIT	92.01	0 43.35
44.00 PHYSICIAN TEACHING RCE ELIMINATION	A	-968,106	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		22,577,450			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 26-0020

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-1

Date/Time Prepared: 11/26/2018 9:25 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - CORP. FEE	0	122,326,757	1.00
2.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - NETWORK SUPPORT	0	185,880	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - ROI FEE	0	858,120	3.00
4.00	0.00	0	0	0	4.00
4.01	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT-CORP FEE FIXED ALLOC	0	15,346,138	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - ROI TRANSP FEE	0	1,580,087	4.02
4.04	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - E HR FEE	0	2,850	4.04
4.05	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - EPIC PM FEE	0	506,559	4.05
4.06	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - MCES	0	13,379,929	4.06
4.07	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - SAFEWATCH	0	6,679,543	4.07
4.08	1.00	NEW CAP REL COSTS-BLDG & FIX DIRECT	794,882	0	4.08
4.09	2.00	NEW CAP REL COSTS-MVBLE EQUI DIRECT	650,215	0	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT DIRECT	2,140,269	0	4.10
4.11	6.00	MAINTENANCE & REPAIRS DIRECT	13,391,200	0	4.11
4.12	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT	32,919,226	0	4.12
4.13	1.00	NEW CAP REL COSTS-BLDG & FIX POOLED	5,094,990	0	4.13
4.14	2.00	NEW CAP REL COSTS-MVBLE EQUI POOLED	6,145,377	0	4.14
4.15	5.04	OTHER ADMINISTRATIVE AND GEN POOLED	90,736,682	0	4.15
4.16	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-PURCHASING	320,313	0	4.16
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT FUNCTIONAL-HR	25,137,164	0	4.17
4.18	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL	-619,425	0	4.18
4.19	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-CENTRAL TEST	2,790,494	0	4.19
4.20	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-MGD MENTAL	1,185,706	0	4.20
4.21	16.00	MEDICAL RECORDS & LIBRARY FUNCTIONAL-CENTRAL CODE	1,614,242	0	4.21
4.22	0.00		0	0	4.22
4.23	0.00		0	0	4.23
4.24	0.00		0	0	4.24
4.25	0.00		0	0	4.25
4.26	0.00		0	0	4.26
4.27	0.00		0	0	4.27
4.28	0.00		0	0	4.28
4.29	0.00		0	0	4.29
4.30	0.00		0	0	4.30
4.31	0.00		0	0	4.31
4.32	0.00		0	0	4.32
4.33	0.00		0	0	4.33
4.34	0.00		0	0	4.34
4.35	0.00		0	0	4.35
4.36	0.00		0	0	4.36
4.37	0.00		0	0	4.37
4.38	0.00		0	0	4.38
4.40	0.00		0	0	4.40
4.41	0.00		0	0	4.41
4.42	0.00		0	0	4.42
4.43	0.00		0	0	4.43
4.44	0.00		0	0	4.44
4.45	0.00		0	0	4.45
5.00	0		182,301,335	160,865,863	5.00

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

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

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

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

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

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

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/26/2018 9:25 am

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

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

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

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

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/26/2018 9:25 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	-122,326,757	0	1.00
2.00	-185,880	0	2.00
3.00	-858,120	0	3.00
4.00	0	0	4.00
4.01	-15,346,138	0	4.01
4.02	-1,580,087	0	4.02
4.04	-2,850	0	4.04
4.05	-506,559	0	4.05
4.06	-13,379,929	0	4.06
4.07	-6,679,543	0	4.07
4.08	794,882	9	4.08
4.09	650,215	9	4.09
4.10	2,140,269	0	4.10
4.11	13,391,200	0	4.11
4.12	32,919,226	0	4.12
4.13	5,094,990	9	4.13
4.14	6,145,377	9	4.14
4.15	90,736,682	0	4.15
4.16	320,313	0	4.16
4.17	25,137,164	0	4.17
4.18	-619,425	0	4.18
4.19	2,790,494	0	4.19
4.20	1,185,706	0	4.20
4.21	1,614,242	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
4.28	0	0	4.28
4.29	0	0	4.29
4.30	0	0	4.30
4.31	0	0	4.31
4.32	0	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	3	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
5.00	21,435,472		5.00

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

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

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

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

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

6.00	HOME OFFICE	6.00
7.00		7.00
8.00		8.00

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

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet A-8-2	
							Date/Time Prepared: 11/26/2018 9:25 am	
Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	17.00 SOCIAL SERVICE	0	0	0	179,000	0	1.00	
2.00	30.00 ADULTS & PEDIATRICS	378,202	378,202	0	237,100	0	2.00	
3.00	30.00 ADULTS & PEDIATRICS	579,905	579,905	0	169,700	0	3.00	
4.00	35.00 NEONATAL INTENSIVE CARE UNIT	122,568	57,568	65,000	179,000	520	4.00	
5.00	40.00 SUBPROVIDER - IPF	13,071	0	13,071	181,300	91	5.00	
6.00	52.00 DELIVERY ROOM & LABOR ROOM	28,050	0	28,050	237,100	160	6.00	
7.00	54.00 RADIOLOGY-DIAGNOSTIC	7,140	7,140	0	260,300	0	7.00	
8.00	54.01 ULTRASOUND	117,344	0	117,344	260,300	412	8.00	
9.00	57.00 CT SCAN	14,810	14,810	0	271,900	0	9.00	
10.00	60.00 LABORATORY	97,176	97,176	0	260,300	0	10.00	
11.00	66.00 PHYSICAL THERAPY	916,066	907,276	8,790	179,000	125	11.00	
12.00	90.00 CLINIC	224,894	0	224,894	179,000	2,249	12.00	
13.00	30.00 ADULTS & PEDIATRICS	16,694	16,694	0	237,100	0	13.00	
14.00	30.00 ADULTS & PEDIATRICS	80,416	80,416	0	197,500	0	14.00	
15.00	30.00 ADULTS & PEDIATRICS	19,160	19,160	0	179,000	0	15.00	
16.00	31.00 INTENSIVE CARE UNIT	18,589	18,589	0	179,000	0	16.00	
17.00	33.00 BURN INTENSIVE CARE UNIT	3,190	3,190	0	179,000	0	17.00	
18.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	179,000	0	18.00	
19.00	40.00 SUBPROVIDER - IPF	38,844	38,844	0	181,300	0	19.00	
20.00	43.00 NURSERY	345	345	0	179,000	0	20.00	
21.00	50.00 OPERATING ROOM	2,503,583	2,503,583	0	246,400	0	21.00	
22.00	51.00 RECOVERY ROOM	3,700	3,700	0	239,400	0	22.00	
23.00	52.00 DELIVERY ROOM & LABOR ROOM	291,184	291,184	0	237,100	0	23.00	
24.00	54.01 ULTRASOUND	0	0	0	260,300	0	24.00	
25.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	260,300	0	25.00	
26.00	59.00 CARDIAC CATHETERIZATION	0	0	0	208,100	0	26.00	
27.00	65.00 RESPIRATORY THERAPY	30,351	30,351	0	179,000	0	27.00	
28.00	66.00 PHYSICAL THERAPY	1,321,832	1,321,832	0	179,000	0	28.00	
29.00	69.00 ELECTROCARDIOLOGY	505,335	505,335	0	179,000	0	29.00	
30.00	75.00 ASC (NON-DISTINCT PART)	314,387	314,387	0	246,400	0	30.00	
31.00	76.01 GI LAB	0	0	0	179,000	0	31.00	
32.00	90.00 CLINIC	132,011	132,011	0	179,000	0	32.00	
33.00	90.01 HYPERBARI C/OP WOUND	48,559	48,559	0	179,000	0	33.00	
34.00	91.00 EMERGENCY	1,760,660	1,760,660	0	179,000	0	34.00	
35.00	92.01 AMBULATORY CARE UNIT	2,212	2,212	0	179,000	0	35.00	
36.00	5.04 OTHER ADMINISTRATIVE AND GENERAL	4,330,039	2,830,078	1,499,961	179,000	8,465	36.00	
37.00	13.00 NURSING ADMINISTRATION	0	0	0	179,000	0	37.00	
38.00	17.00 SOCIAL SERVICE	21,799	0	21,799	179,000	168	38.00	
39.00	30.00 ADULTS & PEDIATRICS	1,543,979	1,500,769	43,210	237,100	143	39.00	
40.00	30.00 ADULTS & PEDIATRICS	450,466	0	450,466	197,500	3,744	40.00	
41.00	30.00 ADULTS & PEDIATRICS	245,163	5,319	239,844	169,700	1,761	41.00	
42.00	30.00 ADULTS & PEDIATRICS	54,065	0	54,065	179,000	208	42.00	
43.00	31.00 INTENSIVE CARE UNIT	4,320,591	3,992,931	327,660	179,000	1,783	43.00	
44.00	40.00 SUBPROVIDER - IPF	19,629	0	19,629	181,300	236	44.00	
45.00	50.00 OPERATING ROOM	166,251	0	166,251	246,400	1,035	45.00	
46.00	52.00 DELIVERY ROOM & LABOR ROOM	119,424	69,657	49,767	237,100	263	46.00	
47.00	54.00 RADIOLOGY-DIAGNOSTIC	466,054	466,054	0	260,300	0	47.00	
48.00	65.00 RESPIRATORY THERAPY	8,110	0	8,110	179,000	60	48.00	
49.00	66.00 PHYSICAL THERAPY	108,324	102,016	6,307	179,000	57	49.00	
50.00	69.00 ELECTROCARDIOLOGY	1,817,135	1,577,189	239,946	179,000	1,462	50.00	
51.00	75.00 ASC (NON-DISTINCT PART)	184,738	184,738	0	246,400	0	51.00	
52.00	76.01 GI LAB	11,232	0	11,232	179,000	83	52.00	
53.00	90.00 CLINIC	255,151	225,831	29,320	179,000	189	53.00	
54.00	90.01 HYPERBARI C/OP WOUND	466,748	447,859	18,889	179,000	260	54.00	
55.00	91.00 EMERGENCY	15,982,468	15,160,873	821,594	179,000	5,627	55.00	
200.00		40,161,644	35,696,443	4,465,199		29,101	200.00	
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance		
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	17.00 SOCIAL SERVICE	0	0	0	0	0	1.00	
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	2.00	
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	3.00	
4.00	35.00 NEONATAL INTENSIVE CARE UNIT	44,750	2,238	0	0	0	4.00	
5.00	40.00 SUBPROVIDER - IPF	7,932	397	0	0	0	5.00	
6.00	52.00 DELIVERY ROOM & LABOR ROOM	18,238	912	0	0	0	6.00	
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00	
8.00	54.01 ULTRASOUND	51,559	2,578	0	0	0	8.00	
9.00	57.00 CT SCAN	0	0	0	0	0	9.00	
10.00	60.00 LABORATORY	0	0	0	0	0	10.00	
11.00	66.00 PHYSICAL THERAPY	10,757	538	0	0	0	11.00	

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period: From 07/01/2017 To 06/30/2018

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Date/Time Prepared: 11/26/2018 9:25 am

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
12.00	90.00 CLINIC	193,544	9,677	0	0	0	12.00
13.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	13.00
14.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	14.00
15.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	16.00
17.00	33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	17.00
18.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	18.00
19.00	40.00 SUBPROVIDER - IPF	0	0	0	0	0	19.00
20.00	43.00 NURSERY	0	0	0	0	0	20.00
21.00	50.00 OPERATING ROOM	0	0	0	0	0	21.00
22.00	51.00 RECOVERY ROOM	0	0	0	0	0	22.00
23.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	23.00
24.00	54.01 ULTRASOUND	0	0	0	0	0	24.00
25.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	25.00
26.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	26.00
27.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	27.00
28.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	28.00
29.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	29.00
30.00	75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	30.00
31.00	76.01 GI LAB	0	0	0	0	0	31.00
32.00	90.00 CLINIC	0	0	0	0	0	32.00
33.00	90.01 HYPERBARIC/OP WOUND	0	0	0	0	0	33.00
34.00	91.00 EMERGENCY	0	0	0	0	0	34.00
35.00	92.01 AMBULATORY CARE UNIT	0	0	0	0	0	35.00
36.00	5.04 OTHER ADMINISTRATIVE AND GENERAL	728,478	36,424	0	0	0	36.00
37.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0	37.00
38.00	17.00 SOCIAL SERVICE	14,458	723	0	0	0	38.00
39.00	30.00 ADULTS & PEDIATRICS	16,301	815	0	0	0	39.00
40.00	30.00 ADULTS & PEDIATRICS	355,500	17,775	0	0	0	40.00
41.00	30.00 ADULTS & PEDIATRICS	143,674	7,184	0	0	0	41.00
42.00	30.00 ADULTS & PEDIATRICS	17,900	895	0	0	0	42.00
43.00	31.00 INTENSIVE CARE UNIT	153,441	7,672	0	0	0	43.00
44.00	40.00 SUBPROVIDER - IPF	20,571	1,029	0	0	0	44.00
45.00	50.00 OPERATING ROOM	122,608	6,130	0	0	0	45.00
46.00	52.00 DELIVERY ROOM & LABOR ROOM	29,979	1,499	0	0	0	46.00
47.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	47.00
48.00	65.00 RESPIRATORY THERAPY	5,163	258	0	0	0	48.00
49.00	66.00 PHYSICAL THERAPY	4,905	245	0	0	0	49.00
50.00	69.00 ELECTROCARDIOLOGY	125,816	6,291	0	0	0	50.00
51.00	75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	51.00
52.00	76.01 GI LAB	7,143	357	0	0	0	52.00
53.00	90.00 CLINIC	16,265	813	0	0	0	53.00
54.00	90.01 HYPERBARIC/OP WOUND	22,375	1,119	0	0	0	54.00
55.00	91.00 EMERGENCY	484,247	24,212	0	0	0	55.00
200.00		2,595,604	129,781	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	17.00 SOCIAL SERVICE	0	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	378,202	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	579,905	3.00
4.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	44,750	20,250	77,818	4.00
5.00	40.00 SUBPROVIDER - IPF	0	7,932	5,139	5,139	5.00
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	18,238	9,812	9,812	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	7,140	7.00
8.00	54.01 ULTRASOUND	0	51,559	65,785	65,785	8.00
9.00	57.00 CT SCAN	0	0	0	14,810	9.00
10.00	60.00 LABORATORY	0	0	0	97,176	10.00
11.00	66.00 PHYSICAL THERAPY	0	10,757	0	907,276	11.00
12.00	90.00 CLINIC	0	193,544	31,350	31,350	12.00
13.00	30.00 ADULTS & PEDIATRICS	0	0	0	16,694	13.00
14.00	30.00 ADULTS & PEDIATRICS	0	0	0	80,416	14.00
15.00	30.00 ADULTS & PEDIATRICS	0	0	0	19,160	15.00
16.00	31.00 INTENSIVE CARE UNIT	0	0	0	18,589	16.00
17.00	33.00 BURN INTENSIVE CARE UNIT	0	0	0	3,190	17.00
18.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	18.00
19.00	40.00 SUBPROVIDER - IPF	0	0	0	38,844	19.00
20.00	43.00 NURSERY	0	0	0	345	20.00
21.00	50.00 OPERATING ROOM	0	0	0	2,503,583	21.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:  
11/26/2018 9:25 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
22.00	51.00	RECOVERY ROOM	0	0	0	3,700		22.00
23.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	291,184		23.00
24.00	54.01	ULTRASOUND	0	0	0	0		24.00
25.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		25.00
26.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0		26.00
27.00	65.00	RESPIRATORY THERAPY	0	0	0	30,351		27.00
28.00	66.00	PHYSICAL THERAPY	0	0	0	1,321,832		28.00
29.00	69.00	ELECTROCARDIOLOGY	0	0	0	505,335		29.00
30.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	314,387		30.00
31.00	76.01	GI LAB	0	0	0	0		31.00
32.00	90.00	CLINIC	0	0	0	132,011		32.00
33.00	90.01	HYPERBARIC/OP WOUND	0	0	0	48,559		33.00
34.00	91.00	EMERGENCY	0	0	0	1,760,660		34.00
35.00	92.01	AMBULATORY CARE UNIT	0	0	0	2,212		35.00
36.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	728,478	771,483	3,601,561		36.00
37.00	13.00	NURSING ADMINISTRATION	0	0	0	0		37.00
38.00	17.00	SOCIAL SERVICE	0	14,458	7,341	7,341		38.00
39.00	30.00	ADULTS & PEDIATRICS	0	16,301	26,909	1,527,678		39.00
40.00	30.00	ADULTS & PEDIATRICS	0	355,500	94,966	94,966		40.00
41.00	30.00	ADULTS & PEDIATRICS	0	143,674	96,170	101,489		41.00
42.00	30.00	ADULTS & PEDIATRICS	0	17,900	36,165	36,165		42.00
43.00	31.00	INTENSIVE CARE UNIT	0	153,441	174,219	4,167,150		43.00
44.00	40.00	SUBPROVIDER - IPF	0	20,571	0	0		44.00
45.00	50.00	OPERATING ROOM	0	122,608	43,643	43,643		45.00
46.00	52.00	DELIVERY ROOM & LABOR ROOM	0	29,979	19,788	89,445		46.00
47.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	466,054		47.00
48.00	65.00	RESPIRATORY THERAPY	0	5,163	2,947	2,947		48.00
49.00	66.00	PHYSICAL THERAPY	0	4,905	1,402	103,419		49.00
50.00	69.00	ELECTROCARDIOLOGY	0	125,816	114,130	1,691,319		50.00
51.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	184,738		51.00
52.00	76.01	GI LAB	0	7,143	4,089	4,089		52.00
53.00	90.00	CLINIC	0	16,265	13,055	238,886		53.00
54.00	90.01	HYPERBARIC/OP WOUND	0	22,375	0	447,859		54.00
55.00	91.00	EMERGENCY	0	484,247	337,347	15,498,221		55.00
200.00			0	2,595,604	1,875,990	37,572,435		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	31,253,390	31,253,390				1.00
1.01 00101 OTHER BUILDING-MOB	2,608,380	0	2,608,380			1.01
1.02 00102 OTHER BUILDING-CANCER CENTER	475,558	0	0	475,558		1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	25,031,201				25,031,201	2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB	720,159				0	2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	794,405				0	2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	97,221,233	168,662	2,958	16,625	5,984	4.00
5.02 00590 PURCHASING RECEIVING AND STORES	0	73,417	0	0	0	5.02
5.03 00550 ADMINITTING	4,775,068	143,472	815	0	9,125	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	215,266,201	931,206	152,884	3,475	1,445,819	5.04
6.00 00600 MAINTENANCE & REPAIRS	29,861,469	3,732,112	124,046	55,212	373,007	6.00
7.00 00700 OPERATION OF PLANT	2,706,246	109,064	0	0	227,087	7.00
7.01 00701 OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03 00703 HEART HOSPITAL	0	0	0	0	0	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	4,212,599	127,900	0	0	8,846	8.00
9.00 00900 HOUSEKEEPING	6,221,797	251,103	16,018	3,572	100,226	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00 01000 DIETARY	8,344,755	642,477	23,496	6,117	186,080	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	4,534,050	173,778	0	0	407,553	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,943,791	322,960	0	0	489,198	14.00
15.00 01500 PHARMACY	12,940,887	262,476	0	5,419	781,508	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,513,690	78,130	0	2,835	0	16.00
17.00 01700 SOCIAL SERVICE	997,871	76,988	0	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,401,241	23,373	0	0	37,432	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,942,685	113,841	52,616	0	22,996	22.00
23.00 02300 PARAMED ED PRGM	163,088	14,574	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	125,422	4,086	0	0	706	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	58,582,253	6,531,298	17,236	0	3,273,751	30.00
31.00 03100 INTENSIVE CARE UNIT	13,445,893	641,030	0	0	580,218	31.00
32.00 03200 CORONARY CARE UNIT	3,409,979	165,622	0	0	182,840	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	2,023,772	139,000	0	0	95,880	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	14,755,399	1,038,725	0	0	806,989	35.00
40.00 04000 SUBPROVIDER - IPF	4,435,190	199,355	0	3,524	18,688	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	4,790,467	70,730	0	0	8,292	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	20,726,845	1,457,397	0	0	5,130,911	50.00
51.00 05100 RECOVERY ROOM	2,157,204	91,192	0	0	38,834	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	11,338,280	1,127,134	0	0	1,451,419	52.00
53.00 05300 ANESTHESIOLOGY	1,691,408	77,342	0	0	434,050	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,915,189	841,655	147,842	4,828	1,882,919	54.00
54.01 05401 ULTRASOUND	2,095,485	282,327	0	0	378,003	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	6,773,226	124,924	0	96,552	96,605	55.00
56.00 05600 RADIO SOTOPE	1,970,347	226,524	0	12,113	79,434	56.00
57.00 05700 CT SCAN	1,198,332	59,567	0	16,165	240,066	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	720,649	182,384	0	0	314,876	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,630,356	337,228	0	0	624,365	59.00
60.00 06000 LABORATORY	30,326,920	722,280	0	9,166	1,184,748	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,100,620	131,214	0	0	104,007	62.00
65.00 06500 RESPIRATORY THERAPY	7,245,066	259,147	33,777	0	513,316	65.00
66.00 06600 PHYSICAL THERAPY	15,132,053	1,004,301	91,324	10,169	214,084	66.00
69.00 06900 ELECTROCARDIOLOGY	5,776,772	412,897	12,048	0	832,933	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,748,787	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	53,762,185	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	83,044,920	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	832,685	53,374	0	0	80,168	74.00
75.00 07500 ASC (NON-DISTINCT PART)	6,266,722	664,789	0	0	664,629	75.00
76.00 03020 CARDIAC REHAB	917,241	81,749	0	0	37,718	76.00
76.01 03030 GI LAB	4,810,392	338,000	0	0	832,224	76.01
76.02 03040 ECT	144,849	33,250	0	0	3,794	76.02
76.03 03050 OP PSYCH	1,264,557	226,090	0	0	7,871	76.03

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER	NEW MVBLE EQUIP		
	0	1.00	1.01	1.02	2.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	7,162,091	295,469	12,442	63,549	100,987	90.00	
90.01 09001 HYPERBARIC/OP WOUND	1,003,580	58,939	5,694	0	41,674	90.01	
91.00 09100 EMERGENCY	13,667,141	1,167,189	2,307	0	518,208	91.00	
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02	
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 AMBULATORY CARE UNIT	1,068,387	139,884	0	0	144,024	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	-425	0	0	0	579	95.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	915,990,003	26,431,625	695,503	309,321	25,014,671	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,720,092	138,211	0	0	383	190.00	
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01	
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02	
191.00 19100 RESEARCH	868,345	37,625	17,013	31,350	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	23,965,303	343,309	586,076	2,065	2,653	192.00	
193.00 19300 NONPAID WORKERS	140,960	113,680	0	528	10,632	193.00	
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01	
193.03 19303 CONVENT	0	0	0	0	0	193.03	
193.06 19306 VACANT SPACE	0	1,297,180	106,099	4,663	0	193.06	
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07	
194.00 07950 NEIGHBORHOOD MINISTRIES	369,027	23,470	0	0	0	194.00	
194.01 07951 HOSPICE	141,128	0	0	0	0	194.01	
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02	
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	2,470,697	1,958,414	1,085,585	122,968	2,862	194.03	
194.04 07954 SJMH SHARED SERVICES	0	891,876	118,104	4,663	0	194.04	
194.08 07958 REHAB HOSPITAL	47,563	0	0	0	0	194.08	
194.09 07960 MERCY SAFEWATCH	0	18,000	0	0	0	194.09	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	945,713,118	31,253,390	2,608,380	475,558	25,031,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
	NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
	2.01	2.02				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	OTHER BUILDING-MOB					1.01
1.02 00102	OTHER BUILDING-CANCER CENTER					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	720,159				2.01
2.02 00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	794,405			2.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,567	0	97,417,029		4.00
5.02 00590	PURCHASING RECEIVING AND STORES	0	0	0	73,417	5.02
5.03 00550	ADMITTING	71	0	1,348,253	281	6,277,085
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	42,646	1,219	5,462,995	3,106	0
6.00 00600	MAINTENANCE & REPAIRS	17,069	13,136	940,045	1,421	0
7.00 00700	OPERATION OF PLANT	0	0	485,882	92	0
7.01 00701	OTHER BUILDING-MOB	0	0	0	0	0
7.02 00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0
7.03 00703	HEART HOSPITAL	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	165,490	1,941	0
9.00 00900	HOUSEKEEPING	8,803	3,395	1,789,696	3,054	0
9.01 00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02 00902	HOUSEKEEPING-MOB	0	0	0	0	0
9.03 00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0
10.00 01000	DIETARY	17,293	3,510	2,232,255	16,787	0
11.00 01100	CAFETERIA	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	1,306,027	80	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	1,005,067	313	0
15.00 01500	PHARMACY	0	38,967	3,247,395	594	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	187,776	6	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,567,269	842	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,760	0	1,592,411	133	17,143
23.00 02300	PARAMED ED PRGM	0	0	58,557	8	0
23.01 02301	RADIOLOGY SCHOOL	0	0	57,399	7	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	45,510	0	16,203,652	2,925	465,548
31.00 03100	INTENSIVE CARE UNIT	0	0	4,686,421	605	144,096
32.00 03200	CORONARY CARE UNIT	0	0	886,219	157	23,570
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	550,133	70	16,252
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02040	NEONATAL INTENSIVE CARE UNIT	0	0	4,066,295	549	217,455
40.00 04000	SUBPROVIDER - IPF	0	0	1,175,105	144	22,174
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	1,055,569	310	32,865
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	4,785,300	1,724	405,273
51.00 05100	RECOVERY ROOM	0	0	616,756	30	116,081
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,129,770	471	98,325
53.00 05300	ANESTHESIOLOGY	0	0	159,500	62	152,912
54.00 05400	RADIOLOGY-DIAGNOSTIC	331,172	0	2,460,764	541	171,101
54.01 05401	ULTRASOUND	0	0	508,002	76	84,068
55.00 05500	RADIOLOGY-THERAPEUTIC	0	409,464	696,565	161	163,108
56.00 05600	RADIOISOTOPE	0	102,649	305,868	160	81,969
57.00 05700	CT SCAN	0	155,090	300,790	166	342,578
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	198,067	48	150,425
59.00 05900	CARDIAC CATHETERIZATION	0	0	676,567	224	130,046
60.00 06000	LABORATORY	0	0	3,191,203	27,099	613,472
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	769,081	4,333	33,732
65.00 06500	RESPIRATORY THERAPY	188,357	0	2,417,115	563	120,443
66.00 06600	PHYSICAL THERAPY	36,404	12,637	4,085,444	493	107,621
69.00 06900	ELECTROCARDIOLOGY	5,964	0	1,976,873	292	257,829
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	376,515
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	207,824
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,036,437
74.00 07400	RENAL DIALYSIS	0	0	234,114	45	12,446
75.00 07500	ASC (NON-DISTINCT PART)	0	0	1,373,896	273	39,726
76.00 03020	CARDIAC REHAB	0	0	259,058	47	3,879
76.01 03030	GI LAB	0	0	1,126,037	408	130,162
76.02 03040	ECT	0	0	48,691	8	2,438
76.03 03050	OP PSYCH	0	0	214,623	68	13,472
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
			2.01	2.02				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	48,984	1,742,629	305	28,130	90.00
90.01	09001	HYPERBARIC/OP WOUND	5,543	0	351,879	100	6,070	90.01
91.00	09100	EMERGENCY	0	0	8,129,868	1,599	387,233	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	307,293	31	9,439	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	720,159	789,051	90,135,664	72,752	6,221,857	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	105,011	12	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	5,237	182,938	1	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,325,637	67	55,228	192.00
193.00	19300	NONPAID WORKERS	0	117	31,717	69	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	91,702	18	0	194.00
194.01	07951	HOSPICE	0	0	30,210	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	514,150	494	0	194.03
194.04	07954	SJM SHARED SERVICES	0	0	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	4	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	720,159	794,405	97,417,029	73,417	6,277,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5A.03	5.04	6.00	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	223,309,551	223,309,551				5.04
6.00	00600	MAINTENANCE & REPAIRS	35,117,517	10,855,527	45,973,044			6.00
7.00	00700	OPERATION OF PLANT	3,528,371	1,090,690	191,340	4,810,401		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,516,776	1,396,226	224,387	23,577		8.00
9.00	00900	HOUSEKEEPING	8,397,664	2,595,886	440,534	46,288		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	11,472,770	3,546,463	1,127,158	118,433		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,421,488	1,985,010	304,875	32,034		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,761,329	1,780,942	566,599	59,534		14.00
15.00	01500	PHARMACY	17,277,246	5,340,742	460,487	48,385		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,782,437	860,107	137,071	14,402		16.00
17.00	01700	SOCIAL SERVICE	1,074,859	332,260	135,067	14,192		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,030,157	2,482,282	41,006	4,309		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,761,585	2,399,261	199,722	20,985		22.00
23.00	02300	PARAMED PRGM	236,227	73,022	25,568	2,687		23.00
23.01	02301	RADIOLOGY SCHOOL	187,620	57,997	7,168	753		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	85,122,173	26,313,128	11,458,466	1,203,970	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,498,263	6,027,303	1,124,618	118,167	0	31.00
32.00	03200	CORONARY CARE UNIT	4,668,387	1,443,092	290,566	30,531	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,825,107	873,297	243,860	25,623	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	20,885,412	6,456,099	1,822,333	191,477	0	35.00
40.00	04000	SUBPROVIDER - I PF	5,854,180	1,809,644	349,746	36,749	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,958,233	1,841,809	124,089	13,038	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	32,507,450	10,048,703	2,556,849	268,655	0	50.00
51.00	05100	RECOVERY ROOM	3,020,097	933,572	159,986	16,810	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,145,399	5,299,986	1,977,437	207,774	0	52.00
53.00	05300	ANESTHESIOLOGY	2,515,274	777,521	135,688	14,257	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,756,011	5,179,618	1,476,594	155,150	0	54.00
54.01	05401	ULTRASOUND	3,347,961	1,034,922	495,312	52,044	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,360,605	2,584,430	219,167	23,028	0	55.00
56.00	05600	RADIOISOTOPE	2,779,064	859,064	397,412	41,757	0	56.00
57.00	05700	CT SCAN	2,312,754	714,919	104,503	10,980	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,566,449	484,221	319,973	33,620	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,398,786	1,359,753	591,631	62,164	0	59.00
60.00	06000	LABORATORY	36,074,888	11,151,469	1,267,164	133,144	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,142,987	1,898,920	230,201	24,188	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,777,784	3,331,629	454,645	47,771	0	65.00
66.00	06600	PHYSICAL THERAPY	20,694,530	6,397,093	1,761,940	185,132	0	66.00
69.00	06900	ELECTROCARDIOLOGY	9,275,608	2,867,276	724,384	76,113	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,125,302	14,876,493	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,970,009	16,683,209	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,081,357	25,991,229	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,212,832	374,911	93,638	9,839	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,010,035	2,785,182	1,166,301	122,546	0	75.00
76.00	03020	CARDIAC REHAB	1,299,692	401,761	143,421	15,070	0	76.00
76.01	03030	GI LAB	7,237,223	2,237,170	592,986	62,307	0	76.01
76.02	03040	ECT	233,030	72,034	58,333	6,129	0	76.02
76.03	03050	OP PSYCH	1,726,681	533,752	396,650	41,677	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,454,586	2,922,602	518,369	54,466	0	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5A. 03	5. 04	6. 00	7. 00	7. 01	
90.01	09001	HYPERBARIC/OP WOUND	1,473,479	455,482	103,403	10,865	0	90.01
91.00	09100	EMERGENCY	23,873,545	7,379,790	2,047,709	215,158	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01	09201	AMBULATORY CARE UNIT	1,669,058	515,939	245,412	25,786	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	154	48	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	901,729,982	209,713,485	37,513,768	3,921,564	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,963,709	607,022	242,477	25,478	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,142,509	353,172	66,010	6,936	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,280,338	9,669,378	602,299	63,285	0	192.00
193.00	19300	NONPAID WORKERS	297,703	92,026	199,440	20,956	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	1,407,942	435,223	2,275,765	239,120	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	484,217	149,681	41,175	4,326	0	194.00
194.01	07951	HOSPICE	171,338	52,964	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	6,155,170	1,902,686	3,435,829	361,011	0	194.03
194.04	07954	SJMH SHARED SERVICES	1,014,643	313,646	1,564,701	164,407	0	194.04
194.08	07958	REHAB HOSPITAL	47,567	14,704	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	18,000	5,564	31,580	3,318	0	194.09
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	945,713,118	223,309,551	45,973,044	4,810,401	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description			OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
			7.02	7.03	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0					7.02
7.03	00703	HEART HOSPITAL	0	0				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	6,160,966			8.00
9.00	00900	HOUSEKEEPING	0	0	655	11,481,027		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	9,529,276	9,529,276	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	1,538,447	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	413,304	0	9.03
10.00	01000	DIETARY	0	0	9,625	0	238,071	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,360	0	64,394	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	212	0	119,673	14.00
15.00	01500	PHARMACY	0	0	4,350	0	97,261	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	28,951	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	28,528	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	164	0	8,661	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	42,184	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	5,400	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	1,514	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	2,788,294	0	2,420,180	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	437,436	0	237,535	31.00
32.00	03200	CORONARY CARE UNIT	0	0	160,916	0	61,372	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	97,772	0	51,507	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	138,457	0	384,902	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	72,858	0	73,871	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	26,209	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	151,093	0	540,041	50.00
51.00	05100	RECOVERY ROOM	0	0	34,468	0	33,791	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	369,169	0	417,662	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	28,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	284,634	0	311,877	54.00
54.01	05401	ULTRASOUND	0	0	45,306	0	104,617	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	120,702	0	46,291	55.00
56.00	05600	RADIOISOTOPE	0	0	21,802	0	83,939	56.00
57.00	05700	CT SCAN	0	0	72,106	0	22,073	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	23,007	0	67,583	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	72,957	0	124,961	59.00
60.00	06000	LABORATORY	0	0	71	0	267,642	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,042	0	48,622	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	22,228	0	96,027	65.00
66.00	06600	PHYSICAL THERAPY	0	0	222,898	0	372,146	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	101,188	0	153,000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	22,392	0	19,778	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	188,057	0	246,339	75.00
76.00	03020	CARDIAC REHAB	0	0	2,627	0	30,292	76.00
76.01	03030	GI LAB	0	0	249,555	0	125,247	76.01
76.02	03040	ECT	0	0	5,214	0	12,321	76.02
76.03	03050	OP PSYCH	0	0	0	0	83,778	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	72,951	0	109,486	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	21,840	90.01
91.00	09100	EMERGENCY	0	0	323,570	0	432,504	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	30,605	0	51,834	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	6,152,741	11,481,027	7,742,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	51,214	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	13,942	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	8,225	0	127,214	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	42,124	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	480,672	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	8,697	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	725,694	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	330,486	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	6,670	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	6,160,966	11,481,027	9,529,276	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description			HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMINISTRATIVE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB	1,538,447					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	413,304				9.03
10.00	01000	DIETARY	15,637	6,373	16,534,530			10.00
11.00	01100	CAFETERIA	0	0	8,593,413	8,593,413		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	126,564	8,936,725	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	209,360	0	14.00
15.00	01500	PHARMACY	0	5,646	0	284,963	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,954	0	29,443	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	208,437	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	35,017	0	0	113,555	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	4,965	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	4,698	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,471	0	4,912,388	2,198,877	3,998,235	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	582,674	456,897	882,471	31.00
32.00	03200	CORONARY CARE UNIT	0	0	156,427	114,435	221,024	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	90,683	66,369	128,189	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	452,680	874,325	35.00
40.00	04000	SUBPROVIDER - I/PF	0	3,672	140,410	156,059	166,672	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	118,135	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	586,984	851,712	50.00
51.00	05100	RECOVERY ROOM	0	0	0	64,435	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	366,611	708,089	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	33,464	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	98,391	5,030	0	205,940	0	54.00
54.01	05401	ULTRASOUND	0	0	0	42,602	89,489	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	100,600	0	65,657	0	55.00
56.00	05600	RADIOISOTOPE	0	12,620	0	23,825	0	56.00
57.00	05700	CT SCAN	0	16,842	0	36,009	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,779	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	66,571	68,746	59.00
60.00	06000	LABORATORY	0	9,550	0	491,467	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	90,178	0	62.00
65.00	06500	RESPIRATORY THERAPY	22,479	0	0	298,504	0	65.00
66.00	06600	PHYSICAL THERAPY	60,778	10,595	0	250,962	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,018	0	0	140,809	183,399	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	21,268	41,078	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	105,168	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	27,518	0	76.00
76.01	03030	GI LAB	0	0	0	90,540	0	76.01
76.02	03040	ECT	0	0	0	5,677	0	76.02
76.03	03050	OP PSYCH	0	0	0	26,825	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,281	66,213	0	203,880	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,789	0	0	0	0	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			HOUSEKEEPING-M	HOUSEKEEPING-C	DIETARY	CAFETERIA	NURSING	
			OB	ANCER CENTER	10.00	11.00	ADMINISTRATION	
91.00	09100	EMERGENCY	1,535	0	0	408,611	660,066	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	32,737	63,230	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	265,396	240,095	14,475,995	8,255,458	8,936,725	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,008,551	27,977	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	11,322	32,665	0	7,366	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	390,043	2,151	0	215,528	0	192.00
193.00	19300	NONPAID WORKERS	0	550	0	5,797	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	49,984	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	70,610	4,858	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	722,476	128,127	0	81,287	0	194.03
194.04	07954	SJMH SHARED SERVICES	78,600	4,858	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,538,447	413,304	16,534,530	8,593,413	8,936,725	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/26/2018 9:25 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
			14.00	15.00	16.00	17.00	21.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,497,649				14.00
15.00	01500	PHARMACY	0	23,519,080			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,855,365		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,584,906	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,775,016
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	10,528	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	285,886	747,395	4,842,880
31.00	03100	INTENSIVE CARE UNIT	0	0	88,487	174,955	824,917
32.00	03200	CORONARY CARE UNIT	0	0	14,474	65,281	715,997
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	9,980	27,662	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	133,536	43,418	0
40.00	04000	SUBPROVIDER - IPF	0	0	13,616	237,716	160,190
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	20,182	29,595	59,259
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	248,872	0	1,452,169
51.00	05100	RECOVERY ROOM	0	0	71,283	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	60,380	35,378	792,672
53.00	05300	ANESTHESIOLOGY	0	0	93,901	0	365,557
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	105,071	0	39,947
54.01	05401	ULTRASOUND	0	0	51,625	0	44,200
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	100,163	0	0
56.00	05600	RADIOISOTOPE	0	0	50,336	0	0
57.00	05700	CT SCAN	0	0	210,373	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	92,374	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	79,859	16,081	0
60.00	06000	LABORATORY	0	0	376,725	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	20,714	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	73,962	0	90,067
66.00	06600	PHYSICAL THERAPY	0	0	66,088	0	59,259
69.00	06900	ELECTROCARDIOLOGY	0	0	158,329	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,997,146	0	231,213	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,500,503	0	127,622	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,519,080	637,158	0	0
74.00	07400	RENAL DIALYSIS	0	0	7,643	32,161	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	24,395	42,768	0
76.00	03020	CARDIAC REHAB	0	0	2,382	0	0
76.01	03030	GI LAB	0	0	79,930	0	90,412
76.02	03040	ECT	0	0	1,497	10,607	0
76.03	03050	OP PSYCH	0	0	8,273	12,865	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	17,274	242,727	90.00
90.01	09001	HYPERBARI C/OP WOUND	0	0	3,728	352,107	90.01
91.00	09100	EMERGENCY	0	0	237,795	109,024	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	5,796	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	<b>8,497,649</b>	<b>23,519,080</b>	<b>3,821,450</b>	<b>1,584,906</b>	<b>10,132,360</b>
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	33,915	642,656	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	194.03
194.04	07954	SJM SHARED SERVICES	0	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		<b>TOTAL (sum lines 118 through 201)</b>	<b>8,497,649</b>	<b>23,519,080</b>	<b>3,855,365</b>	<b>1,584,906</b>	<b>10,775,016</b>

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00590 PURCHASING RECEIVING AND STORES						5.02
5.03 00550 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	10,582,837					22.00
23.00 02300 PARAMED PRGM		347,869				23.00
23.01 02301 RADIOLOGY SCHOOL			259,750			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	4,756,504	0	0	151,059,847	-9,599,384	30.00
31.00 03100 INTENSIVE CARE UNIT	810,204	0	0	31,263,927	-1,635,121	31.00
32.00 03200 CORONARY CARE UNIT	703,227	0	0	8,645,729	-1,419,224	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	4,440,049	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	0	0	31,382,639	0	35.00
40.00 04000 SUBPROVIDER - IPF	157,333	0	0	9,232,716	-317,523	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	58,202	0	0	8,248,751	-117,461	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,426,268	0	0	50,638,796	-2,878,437	50.00
51.00 05100 RECOVERY ROOM	0	0	0	4,334,442	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	778,534	0	0	28,159,091	-1,571,206	52.00
53.00 05300 ANESTHESIOLOGY	359,037	0	0	4,323,358	-724,594	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	39,234	0	259,750	24,917,247	-79,181	54.00
54.01 05401 ULTRASOUND	43,412	0	0	5,351,490	-87,612	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	11,620,643	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	4,269,819	0	56.00
57.00 05700 CT SCAN	0	0	0	3,500,559	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,611,006	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,841,509	0	59.00
60.00 06000 LABORATORY	0	0	0	49,772,120	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,458,852	0	62.00
65.00 06500 RESPIRATORY THERAPY	88,461	0	0	15,303,557	-178,528	65.00
66.00 06600 PHYSICAL THERAPY	58,202	0	0	30,139,623	-117,461	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	13,688,124	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	67,230,154	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	75,281,343	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	134,228,824	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,835,540	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	13,690,791	0	75.00
76.00 03020 CARDIAC REHAB	0	0	0	1,922,763	0	76.00
76.01 03030 GI LAB	88,800	0	0	10,854,170	-179,212	76.01
76.02 03040 ECT	0	0	0	404,842	0	76.02
76.03 03050 OP PSYCH	0	0	0	2,830,501	0	76.03

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	238,398	0	0	13,909,233	-481,125	90.00
90.01 09001 HYPERBARIC/OP WOUND	345,827	0	0	2,770,520	-697,934	90.01
91.00 09100 EMERGENCY	0	347,869	0	36,037,176	0	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	0	2,640,397	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	202	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	9,951,643	347,869	259,750	871,840,350	-20,084,003	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,926,428	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	1,633,922	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	631,194	0	0	43,666,226	-1,273,850	192.00
193.00 19300 NONPAID WORKERS	0	0	0	658,596	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	49,984	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	4,914,190	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	688,096	0	194.00
194.01 07951 HOSPICE	0	0	0	224,302	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	13,512,280	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	3,471,341	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	0	62,271	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	65,132	0	194.09
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	10,582,837	347,869	259,750	945,713,118	-21,357,853	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 OTHER BUILDING-MOB		1.01
1.02	00102 OTHER BUILDING-CANCER CENTER		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590 PURCHASING RECEIVING AND STORES		5.02
5.03	00550 ADMITTING		5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OTHER BUILDING-MOB		7.01
7.02	00702 OTHER BUILDING-CANCER CENTER		7.02
7.03	00703 HEART HOSPITAL		7.03
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-MED CENTER		9.01
9.02	00902 HOUSEKEEPING-MOB		9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 RADIOLOGY SCHOOL		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	141,460,463	30.00
31.00	03100 INTENSIVE CARE UNIT	29,628,806	31.00
32.00	03200 CORONARY CARE UNIT	7,226,505	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	4,440,049	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	31,382,639	35.00
40.00	04000 SUBPROVIDER - IPF	8,915,193	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	8,131,290	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	47,760,359	50.00
51.00	05100 RECOVERY ROOM	4,334,442	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	26,587,885	52.00
53.00	05300 ANESTHESIOLOGY	3,598,764	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,838,066	54.00
54.01	05401 ULTRASOUND	5,263,878	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	11,620,643	55.00
56.00	05600 RADIOISOTOPE	4,269,819	56.00
57.00	05700 CT SCAN	3,500,559	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,611,006	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,841,509	59.00
60.00	06000 LABORATORY	49,772,120	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,458,852	62.00
65.00	06500 RESPIRATORY THERAPY	15,125,029	65.00
66.00	06600 PHYSICAL THERAPY	30,022,162	66.00
69.00	06900 ELECTROCARDIOLOGY	13,688,124	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	67,230,154	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	75,281,343	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	134,228,824	73.00
74.00	07400 RENAL DIALYSIS	1,835,540	74.00
75.00	07500 ASC (NON-DISTINCT PART)	13,690,791	75.00
76.00	03020 CARDIAC REHAB	1,922,763	76.00
76.01	03030 GI LAB	10,674,958	76.01
76.02	03040 ECT	404,842	76.02
76.03	03050 OP PSYCH	2,830,501	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	13,428,108	90.00
90.01	09001 HYPERBARIC/OP WOUND	2,072,586	90.01
91.00	09100 EMERGENCY	36,037,176	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

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To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		Total	
		26.00	
91.02	09101 NATURAL FAMILY PLANNING	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 AMBULATORY CARE UNIT	2,640,397	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	202	95.00
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	851,756,347	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,926,428	190.00
190.01	19001 VENDING MACHINES	0	190.01
190.02	19002 VISITOR MEALS	0	190.02
191.00	19100 RESEARCH	1,633,922	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	42,392,376	192.00
193.00	19300 NONPAID WORKERS	658,596	193.00
193.01	19301 MEALS ON WHEELS	49,984	193.01
193.03	19303 CONVENT	0	193.03
193.06	19306 VACANT SPACE	4,914,190	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	688,096	194.00
194.01	07951 HOSPICE	224,302	194.01
194.02	07952 SHARED SERVICES	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	13,512,280	194.03
194.04	07954 SJMH SHARED SERVICES	3,471,341	194.04
194.08	07958 REHAB HOSPITAL	62,271	194.08
194.09	07960 MERCY SAFEWATCH	65,132	194.09
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	924,355,265	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am			
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP			
	0	1.00	1.01	1.02	2.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	OTHER BUILDING-MOB				1.01		
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01		
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	168,662	2,958	16,625	5,984	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	73,417	0	0	0	5.02
5.03	00550	ADMITTING	0	143,472	815	0	9,125	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	931,206	152,884	3,475	1,445,819	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	3,732,112	124,046	55,212	373,007	6.00
7.00	00700	OPERATION OF PLANT	0	109,064	0	0	227,087	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	127,900	0	0	8,846	8.00
9.00	00900	HOUSEKEEPING	0	251,103	16,018	3,572	100,226	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	642,477	23,496	6,117	186,080	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	173,778	0	0	407,553	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	322,960	0	0	489,198	14.00
15.00	01500	PHARMACY	0	262,476	0	5,419	781,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	78,130	0	2,835	0	16.00
17.00	01700	SOCIAL SERVICE	0	76,988	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	23,373	0	0	37,432	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	113,841	52,616	0	22,996	22.00
23.00	02300	PARAMED PRGM	0	14,574	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	4,086	0	0	706	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	6,531,298	17,236	0	3,273,751	30.00
31.00	03100	INTENSIVE CARE UNIT	0	641,030	0	0	580,218	31.00
32.00	03200	CORONARY CARE UNIT	0	165,622	0	0	182,840	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	139,000	0	0	95,880	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	1,038,725	0	0	806,989	35.00
40.00	04000	SUBPROVIDER - IPF	0	199,355	0	3,524	18,688	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	70,730	0	0	8,292	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,457,397	0	0	5,130,911	50.00
51.00	05100	RECOVERY ROOM	0	91,192	0	0	38,834	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,127,134	0	0	1,451,419	52.00
53.00	05300	ANESTHESIOLOGY	0	77,342	0	0	434,050	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	841,655	147,842	4,828	1,882,919	54.00
54.01	05401	ULTRASOUND	0	282,327	0	0	378,003	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	124,924	0	96,552	96,605	55.00
56.00	05600	RADIOISOTOPE	0	226,524	0	12,113	79,434	56.00
57.00	05700	CT SCAN	0	59,567	0	16,165	240,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	182,384	0	0	314,876	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	337,228	0	0	624,365	59.00
60.00	06000	LABORATORY	0	722,280	0	9,166	1,184,748	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	131,214	0	0	104,007	62.00
65.00	06500	RESPIRATORY THERAPY	0	259,147	33,777	0	513,316	65.00
66.00	06600	PHYSICAL THERAPY	0	1,004,301	91,324	10,169	214,084	66.00
69.00	06900	ELECTROCARDIOLOGY	0	412,897	12,048	0	832,933	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	53,374	0	0	80,168	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	664,789	0	0	664,629	75.00
76.00	03020	CARDIAC REHAB	0	81,749	0	0	37,718	76.00
76.01	03030	GI LAB	0	338,000	0	0	832,224	76.01
76.02	03040	ECT	0	33,250	0	0	3,794	76.02
76.03	03050	OP PSYCH	0	226,090	0	0	7,871	76.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER	NEW MVBLE EQUI P	
		1.00	1.01	1.02	2.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	295,469	12,442	63,549	100,987	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	58,939	5,694	0	41,674	90.01
91.00 09100 EMERGENCY	0	1,167,189	2,307	0	518,208	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	139,884	0	0	144,024	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	579	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	26,431,625	695,503	309,321	25,014,671	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	138,211	0	0	383	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	37,625	17,013	31,350	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	343,309	586,076	2,065	2,653	192.00
193.00 19300 NONPAID WORKERS	0	113,680	0	528	10,632	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	1,297,180	106,099	4,663	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	23,470	0	0	0	194.00
194.01 07951 HOSPICE	0	0	0	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	1,958,414	1,085,585	122,968	2,862	194.03
194.04 07954 SJMH SHARED SERVICES	0	891,876	118,104	4,663	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	18,000	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	31,253,390	2,608,380	475,558	25,031,201	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
		2.01	2.02				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,567	0	195,796	195,796	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	73,417	0	5.02
5.03	00550	ADMINISTRATIVE	71	0	153,483	2,712	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	42,646	1,219	2,577,249	10,988	5.04
6.00	00600	MAINTENANCE & REPAIRS	17,069	13,136	4,314,582	1,891	6.00
7.00	00700	OPERATION OF PLANT	0	0	336,151	977	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	136,746	333	8.00
9.00	00900	HOUSEKEEPING	8,803	3,395	383,117	3,600	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	9.03
10.00	01000	DIETARY	17,293	3,510	878,973	4,490	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	581,331	2,627	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	812,158	2,021	14.00
15.00	01500	PHARMACY	0	38,967	1,088,370	6,531	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	80,965	378	16.00
17.00	01700	SOCIAL SERVICE	0	0	76,988	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	60,805	3,152	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,760	0	209,213	3,203	22.00
23.00	02300	PARAMED PRGM	0	0	14,574	118	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,792	115	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	45,510	0	9,867,795	32,453	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,221,248	9,426	31.00
32.00	03200	CORONARY CARE UNIT	0	0	348,462	1,782	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	234,880	1,106	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	1,845,714	8,178	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	221,567	2,363	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	79,022	2,123	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	6,588,308	9,625	50.00
51.00	05100	RECOVERY ROOM	0	0	130,026	1,240	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,578,553	6,295	52.00
53.00	05300	ANESTHESIOLOGY	0	0	511,392	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	331,172	0	3,208,416	4,949	54.00
54.01	05401	ULTRASOUND	0	0	660,330	1,022	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	409,464	727,545	1,401	55.00
56.00	05600	RADIOISOTOPE	0	102,649	420,720	615	56.00
57.00	05700	CT SCAN	0	155,090	470,888	605	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	497,260	398	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	961,593	1,361	59.00
60.00	06000	LABORATORY	0	0	1,916,194	6,418	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	235,221	1,547	62.00
65.00	06500	RESPIRATORY THERAPY	188,357	0	994,597	4,862	65.00
66.00	06600	PHYSICAL THERAPY	36,404	12,637	1,368,919	8,217	66.00
69.00	06900	ELECTROCARDIOLOGY	5,964	0	1,263,842	3,976	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	133,542	471	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,329,418	2,763	75.00
76.00	03020	CARDIAC REHAB	0	0	119,467	521	76.00
76.01	03030	GI LAB	0	0	1,170,224	2,265	76.01
76.02	03040	ECT	0	0	37,044	98	76.02
76.03	03050	OP PSYCH	0	0	233,961	432	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			NEW MVBLE EQUI P-MOB	NEW MVBLE EQUI P-CANCER				
			2.01	2.02				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	48,984	521,431	3,505	305	90.00
90.01	09001	HYPERBARIC/OP WOUND	5,543	0	111,850	708	100	90.01
91.00	09100	EMERGENCY	0	0	1,687,704	16,351	1,599	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	283,908	618	31	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	579	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	720,159	789,051	53,960,330	181,151	72,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	138,594	211	12	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	5,237	91,225	368	1	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	934,103	12,723	67	192.00
193.00	19300	NONPAID WORKERS	0	117	124,957	64	69	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	1,407,942	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	23,470	184	18	194.00
194.01	07951	HOSPICE	0	0	0	61	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	3,169,829	1,034	494	194.03
194.04	07954	SJM SHARED SERVICES	0	0	1,014,643	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	4	194.08
194.09	07960	MERCY SAFEWATCH	0	0	18,000	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	720,159	794,405	60,883,093	195,796	73,417	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMINISTRATIVE	156,476					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,591,343				5.04
6.00	00600	MAINTENANCE & REPAIRS	0	125,967	4,443,861			6.00
7.00	00700	OPERATION OF PLANT	0	12,656	18,495	368,371		7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,202	21,690	1,805		8.00
9.00	00900	HOUSEKEEPING	0	30,122	42,583	3,545		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	41,153	108,954	9,069		10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	23,034	29,470	2,453		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,666	54,769	4,559		14.00
15.00	01500	PHARMACY	0	61,973	44,512	3,705		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,981	13,250	1,103		16.00
17.00	01700	SOCIAL SERVICE	0	3,856	13,056	1,087		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	28,804	3,964	330		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	429	27,841	19,306	1,607		22.00
23.00	02300	PARAMED PRGM	0	847	2,472	206		23.00
23.01	02301	RADIOLOGY SCHOOL	0	673	693	58		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,652	305,411	1,107,599	92,200	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,607	69,940	108,708	9,049	0	31.00
32.00	03200	CORONARY CARE UNIT	590	16,746	28,087	2,338	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	407	10,134	23,572	1,962	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	5,443	74,916	176,151	14,663	0	35.00
40.00	04000	SUBPROVIDER - I PF	555	20,999	33,807	2,814	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	823	21,372	11,995	998	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,144	116,604	247,151	20,573	0	50.00
51.00	05100	RECOVERY ROOM	2,905	10,833	15,465	1,287	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,461	61,501	191,144	15,911	0	52.00
53.00	05300	ANESTHESIOLOGY	3,827	9,022	13,116	1,092	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,283	60,104	142,731	11,881	0	54.00
54.01	05401	ULTRASOUND	2,104	12,009	47,878	3,985	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,082	29,989	21,185	1,763	0	55.00
56.00	05600	RADIOISOTOPE	2,052	9,969	38,415	3,198	0	56.00
57.00	05700	CT SCAN	8,574	8,296	10,102	841	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,765	5,619	30,929	2,575	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,255	15,778	57,188	4,760	0	59.00
60.00	06000	LABORATORY	15,355	129,401	122,487	10,196	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	844	22,035	22,252	1,852	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,015	38,660	43,947	3,658	0	65.00
66.00	06600	PHYSICAL THERAPY	2,694	74,231	170,313	14,177	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,453	33,272	70,021	5,829	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,424	172,625	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,202	193,590	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,306	301,600	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	312	4,350	9,051	753	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	994	32,319	112,737	9,384	0	75.00
76.00	03020	CARDIAC REHAB	97	4,662	13,863	1,154	0	76.00
76.01	03030	GI LAB	3,258	25,960	57,319	4,771	0	76.01
76.02	03040	ECT	61	836	5,639	469	0	76.02
76.03	03050	OP PSYCH	337	6,194	38,341	3,192	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	704	33,914	50,107	4,171	0	90.00

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ALLOCATION OF CAPITAL RELATED COSTS      Provider CCN: 26-0020      Period: From 07/01/2017 To 06/30/2018      Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am

Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUI LDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
90.01	09001	HYPERBARIC/OP WOUND	152	5,285	9,995	832	0	90.01
91.00	09100	EMERGENCY	9,692	85,634	197,936	16,476	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	236	5,987	23,722	1,975	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,094	2,433,573	3,626,167	300,306	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,044	23,438	1,951	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	4,098	6,381	531	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,382	112,203	58,220	4,846	0	192.00
193.00	19300	NONPAID WORKERS	0	1,068	19,278	1,605	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	5,050	219,981	18,311	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	1,737	3,980	331	0	194.00
194.01	07951	HOSPICE	0	615	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	22,079	332,115	27,646	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	3,640	151,248	12,590	0	194.04
194.08	07958	REHAB HOSPITAL	0	171	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	65	3,053	254	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	156,476	2,591,343	4,443,861	368,371	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am		
Cost Center Description			OTHER BUILDING-CANCER CENTER 7.02	HEART HOSPITAL 7.03	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-MED CENTER 9.01
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0				7.02
7.03	00703	HEART HOSPITAL	0	0			7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	178,717		8.00
9.00	00900	HOUSEKEEPING	0	0	19	466,040	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	386,814	386,814 9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	62,449	0 9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	16,777	0 9.03
10.00	01000	DIETARY	0	0	279	0	9,664 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	68	0	2,614 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	6	0	4,858 14.00
15.00	01500	PHARMACY	0	0	126	0	3,948 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,175 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,158 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5	0	352 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,712 22.00
23.00	02300	PARAMED PRGM	0	0	0	0	219 23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	61 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	80,885	0	98,239 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,689	0	9,642 31.00
32.00	03200	CORONARY CARE UNIT	0	0	4,668	0	2,491 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,836	0	2,091 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	4,016	0	15,624 35.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,113	0	2,999 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	1,064 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	4,383	0	21,921 50.00
51.00	05100	RECOVERY ROOM	0	0	1,000	0	1,372 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,709	0	16,954 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,163 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,257	0	12,660 54.00
54.01	05401	ULTRASOUND	0	0	1,314	0	4,247 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,501	0	1,879 55.00
56.00	05600	RADIOISOTOPE	0	0	632	0	3,407 56.00
57.00	05700	CT SCAN	0	0	2,092	0	896 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	667	0	2,743 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,116	0	5,072 59.00
60.00	06000	LABORATORY	0	0	2	0	10,864 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	88	0	1,974 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	645	0	3,898 65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,466	0	15,106 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,935	0	6,211 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	650	0	803 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	5,455	0	9,999 75.00
76.00	03020	CARDIAC REHAB	0	0	76	0	1,230 76.00
76.01	03030	GI LAB	0	0	7,239	0	5,084 76.01
76.02	03040	ECT	0	0	151	0	500 76.02
76.03	03050	OP PSYCH	0	0	0	0	3,401 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	2,116	0	4,444 90.00

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		OTHER BUILDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
		7.02	7.03	8.00	9.00	9.01	
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	887	90.01
91.00	09100 EMERGENCY	0	0	9,386	0	17,556	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	888	0	2,104	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	178,478	466,040	314,286	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,079	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	566	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	239	0	5,164	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	1,710	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	19,512	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	353	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	29,458	194.03
194.04	07954 SJMH SHARED SERVICES	0	0	0	0	13,415	194.04
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	0	271	194.09
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	178,717	466,040	386,814	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description			HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00550	ADMINISTRATIVE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER						7.02
7.03	00703	HEART HOSPITAL						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-MED CENTER						9.01
9.02	00902	HOUSEKEEPING-MOB	62,449					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	16,777				9.03
10.00	01000	DIETARY	635	259	1,070,263			10.00
11.00	01100	CAFETERIA	0	0	556,242	556,242		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	8,192	649,869	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	13,552	0	14.00
15.00	01500	PHARMACY	0	229	0	18,445	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	120	0	1,906	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	13,492	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,421	0	0	7,350	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	321	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	304	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	466	0	317,974	142,334	290,747	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	37,716	29,574	64,172	31.00
32.00	03200	CORONARY CARE UNIT	0	0	10,125	7,407	16,073	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	5,870	4,296	9,322	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	29,301	63,580	35.00
40.00	04000	SUBPROVIDER - I/PF	0	149	9,089	10,101	12,120	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	7,647	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	37,995	61,936	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,171	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,730	51,491	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,166	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,994	204	0	13,330	0	54.00
54.01	05401	ULTRASOUND	0	0	0	2,758	6,508	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,084	0	4,250	0	55.00
56.00	05600	RADIOISOTOPE	0	512	0	1,542	0	56.00
57.00	05700	CT SCAN	0	684	0	2,331	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,539	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,309	4,999	59.00
60.00	06000	LABORATORY	0	388	0	31,812	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,837	0	62.00
65.00	06500	RESPIRATORY THERAPY	912	0	0	19,322	0	65.00
66.00	06600	PHYSICAL THERAPY	2,467	430	0	16,244	0	66.00
69.00	06900	ELECTROCARDIOLOGY	325	0	0	9,114	13,337	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,377	2,987	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	6,807	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	1,781	0	76.00
76.01	03030	GI LAB	0	0	0	5,861	0	76.01
76.02	03040	ECT	0	0	0	367	0	76.02
76.03	03050	OP PSYCH	0	0	0	1,736	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	336	2,688	0	13,197	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	154	0	0	0	0	90.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			HOUSEKEEPING-M	HOUSEKEEPING-C	DIETARY	CAFETERIA	NURSING	
			OB	ANCER CENTER	10.00	11.00	ADMINISTRATION	
91.00	09100	EMERGENCY	62	0	0	26,449	47,999	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	2,119	4,598	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,772	9,747	937,016	534,366	649,869	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	130,012	1,811	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	460	1,326	0	477	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,833	87	0	13,951	0	192.00
193.00	19300	NONPAID WORKERS	0	22	0	375	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	3,235	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	2,866	197	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	29,327	5,201	0	5,262	0	194.03
194.04	07954	SJMH SHARED SERVICES	3,191	197	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	62,449	16,777	1,070,263	556,242	649,869	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES
	14.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OTHER BUILDING-MOB				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00590	PURCHASING RECEIVING AND STORES				5.02
5.03	00550	ADMINISTRATIVE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OTHER BUILDING-MOB				7.01
7.02	00702	OTHER BUILDING-CANCER CENTER				7.02
7.03	00703	HEART HOSPITAL				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-MED CENTER				9.01
9.02	00902	HOUSEKEEPING-MOB				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER				9.03
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	912,902			14.00
15.00	01500	PHARMACY	0	1,228,433		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	108,884	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	96,145
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	299	0
23.00	02300	PARAMEDICAL PRGM	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	0	8,129	45,340
31.00	03100	INTENSIVE CARE UNIT	0	0	2,516	10,613
32.00	03200	CORONARY CARE UNIT	0	0	412	3,960
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	284	1,678
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	3,797	2,634
40.00	04000	SUBPROVIDER - IPF	0	0	387	14,421
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	574	1,795
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0	7,077	0
51.00	05100	RECOVERY ROOM	0	0	2,027	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,717	2,146
53.00	05300	ANESTHESIOLOGY	0	0	2,670	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,988	0
54.01	05401	ULTRASOUND	0	0	1,468	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,848	0
56.00	05600	RADIOISOTOPE	0	0	1,431	0
57.00	05700	CT SCAN	0	0	5,982	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,627	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,271	976
60.00	06000	LABORATORY	0	0	10,713	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	589	0
65.00	06500	RESPIRATORY THERAPY	0	0	2,103	0
66.00	06600	PHYSICAL THERAPY	0	0	1,879	0
69.00	06900	ELECTROCARDIOLOGY	0	0	4,502	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	429,405	0	6,575	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	483,497	0	3,629	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,228,433	17,372	0
74.00	07400	RENAL DIALYSIS	0	0	217	1,951
75.00	07500	ASC (NON-DISTINCT PART)	0	0	694	2,594
76.00	03020	CARDIAC REHAB	0	0	68	0
76.01	03030	GI LAB	0	0	2,273	0
76.02	03040	ECT	0	0	43	643
76.03	03050	OP PSYCH	0	0	235	780
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	491	0	90.00
90.01	09001	HYPERBARI C/OP WOUND	0	0	106	0	90.01
91.00	09100	EMERGENCY	0	0	6,762	6,614	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	165	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	<b>912,902</b>	<b>1,228,433</b>	<b>107,920</b>	<b>96,145</b>	<b>0</b>
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	964	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	194.03
194.04	07954	SJM SHARED SERVICES	0	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	194.09
200.00		Cross Foot Adjustments					111,746
201.00		Negative Cost Centers	0	0	0	0	0
202.00		<b>TOTAL (sum lines 118 through 201)</b>	<b>912,902</b>	<b>1,228,433</b>	<b>108,884</b>	<b>96,145</b>	<b>111,746</b>

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		22.00	23.00	23.01	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OTHER BUILDING-MOB				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00590	PURCHASING RECEIVING AND STORES				5.02
5.03	00550	ADMINISTRATIVE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OTHER BUILDING-MOB				7.01
7.02	00702	OTHER BUILDING-CANCER CENTER				7.02
7.03	00703	HEART HOSPITAL				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-MED CENTER				9.01
9.02	00902	HOUSEKEEPING-MOB				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER				9.03
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	272,514			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM		18,765		23.00
23.01	02301	RADIOLOGY SCHOOL			6,703	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS			12,404,149	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,589,505	0 31.00
32.00	03200	CORONARY CARE UNIT			443,298	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT			298,508	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			2,244,566	0 35.00
40.00	04000	SUBPROVIDER - IPF			333,628	0 40.00
41.00	04100	SUBPROVIDER - IRF			0	0 41.00
42.00	04200	SUBPROVIDER			0	0 42.00
43.00	04300	NURSERY			127,723	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM			7,127,441	0 50.00
51.00	05100	RECOVERY ROOM			170,356	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			2,963,083	0 52.00
53.00	05300	ANESTHESIOLOGY			544,831	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			3,474,338	0 54.00
54.01	05401	ULTRASOUND			743,699	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC			802,688	0 55.00
56.00	05600	RADIOISOTOPE			482,653	0 56.00
57.00	05700	CT SCAN			511,457	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			548,170	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			1,063,902	0 59.00
60.00	06000	LABORATORY			2,280,929	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			296,572	0 62.00
65.00	06500	RESPIRATORY THERAPY			1,116,182	0 65.00
66.00	06600	PHYSICAL THERAPY			1,681,636	0 66.00
69.00	06900	ELECTROCARDIOLOGY			1,420,109	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			618,029	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			685,918	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,572,711	0 73.00
74.00	07400	RENAL DIALYSIS			156,509	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)			1,513,437	0 75.00
76.00	03020	CARDIAC REHAB			142,966	0 76.00
76.01	03030	GI LAB			1,284,662	0 76.01
76.02	03040	ECT			45,859	0 76.02
76.03	03050	OP PSYCH			288,677	0 76.03

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC			0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0 89.00
90.00	09000	CLINIC			637,409	0 90.00
90.01	09001	HYPERBARIC/OP WOUND			130,069	0 90.01
91.00	09100	EMERGENCY			2,130,220	0 91.00
91.02	09101	NATURAL FAMILY PLANNING			0	0 91.02
91.03	09102	PAIN THERAPY CENTER			0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0 92.00
92.01	09201	AMBULATORY CARE UNIT			326,351	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES			580	0 95.00
99.10	09910	CORF			0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION			0	0 109.00
110.00	11000	INTESTINAL ACQUISITION			0	0 110.00
111.00	11100	ISLET ACQUISITION			0	0 111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	52,202,820 0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			305,152	0 190.00
190.01	19001	VENDING MACHINES			0	0 190.01
190.02	19002	VISITOR MEALS			0	0 190.02
191.00	19100	RESEARCH			105,433	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,159,782	0 192.00
193.00	19300	NONPAID WORKERS			149,148	0 193.00
193.01	19301	MEALS ON WHEELS			3,235	0 193.01
193.03	19303	CONVENT			0	0 193.03
193.06	19306	VACANT SPACE			1,673,859	0 193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE			0	0 193.07
194.00	07950	NEIGHBORHOOD MINISTRIES			30,073	0 194.00
194.01	07951	HOSPICE			676	0 194.01
194.02	07952	SHARED SERVICES			0	0 194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE			3,622,445	0 194.03
194.04	07954	SJM SHARED SERVICES			1,198,924	0 194.04
194.08	07958	REHAB HOSPITAL			175	0 194.08
194.09	07960	MERCY SAFEWATCH			21,643	0 194.09
200.00		Cross Foot Adjustments	272,514	18,765	6,703	409,728 0 200.00
201.00		Negative Cost Centers	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	272,514	18,765	6,703	60,883,093 0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 OTHER BUILDING-MOB		1.01
1.02	00102 OTHER BUILDING-CANCER CENTER		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590 PURCHASING RECEIVING AND STORES		5.02
5.03	00550 ADMITTING		5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OTHER BUILDING-MOB		7.01
7.02	00702 OTHER BUILDING-CANCER CENTER		7.02
7.03	00703 HEART HOSPITAL		7.03
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-MED CENTER		9.01
9.02	00902 HOUSEKEEPING-MOB		9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 RADIOLOGY SCHOOL		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	12,404,149	30.00
31.00	03100 INTENSIVE CARE UNIT	1,589,505	31.00
32.00	03200 CORONARY CARE UNIT	443,298	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	298,508	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	2,244,566	35.00
40.00	04000 SUBPROVIDER - IPF	333,628	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	127,723	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	7,127,441	50.00
51.00	05100 RECOVERY ROOM	170,356	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,963,083	52.00
53.00	05300 ANESTHESIOLOGY	544,831	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,474,338	54.00
54.01	05401 ULTRASOUND	743,699	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	802,688	55.00
56.00	05600 RADIOISOTOPE	482,653	56.00
57.00	05700 CT SCAN	511,457	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	548,170	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,063,902	59.00
60.00	06000 LABORATORY	2,280,929	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	296,572	62.00
65.00	06500 RESPIRATORY THERAPY	1,116,182	65.00
66.00	06600 PHYSICAL THERAPY	1,681,636	66.00
69.00	06900 ELECTROCARDIOLOGY	1,420,109	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	618,029	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	685,918	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,572,711	73.00
74.00	07400 RENAL DIALYSIS	156,509	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,513,437	75.00
76.00	03020 CARDIAC REHAB	142,966	76.00
76.01	03030 GI LAB	1,284,662	76.01
76.02	03040 ECT	45,859	76.02
76.03	03050 OP PSYCH	288,677	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	637,409	90.00
90.01	09001 HYPERBARIC/OP WOUND	130,069	90.01
91.00	09100 EMERGENCY	2,130,220	91.00

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		Total	
		26.00	
91.02	09101 NATURAL FAMILY PLANNING	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 AMBULATORY CARE UNIT	326,351	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	580	95.00
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	52,202,820	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	305,152	190.00
190.01	19001 VENDING MACHINES	0	190.01
190.02	19002 VISITOR MEALS	0	190.02
191.00	19100 RESEARCH	105,433	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,159,782	192.00
193.00	19300 NONPAID WORKERS	149,148	193.00
193.01	19301 MEALS ON WHEELS	3,235	193.01
193.03	19303 CONVENT	0	193.03
193.06	19306 VACANT SPACE	1,673,859	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	30,073	194.00
194.01	07951 HOSPICE	676	194.01
194.02	07952 SHARED SERVICES	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	3,622,445	194.03
194.04	07954 SJMH SHARED SERVICES	1,198,924	194.04
194.08	07958 REHAB HOSPITAL	175	194.08
194.09	07960 MERCY SAFEWATCH	21,643	194.09
200.00	Cross Foot Adjustments	409,728	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	60,883,093	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	2.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,942,886					1.00
1.01	00101	OTHER BUILDING-MOB	0	304,184				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	0	98,114			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				18,359,386		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				0	719,699	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				0	0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,485	345	3,430	4,389	1,566	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	4,564	0	0	0	0	5.02
5.03	00550	ADMINISTRATIVE	8,919	95	0	6,693	71	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	57,889	17,829	717	1,060,450	42,619	5.04
6.00	00600	MAINTENANCE & REPAIRS	232,009	14,466	11,391	273,586	17,058	6.00
7.00	00700	OPERATION OF PLANT	6,780	0	0	166,559	0	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	7,951	0	0	6,488	0	8.00
9.00	00900	HOUSEKEEPING	15,610	1,868	737	73,512	8,797	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	39,940	2,740	1,262	136,482	17,282	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,803	0	0	298,924	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,077	0	0	358,807	0	14.00
15.00	01500	PHARMACY	16,317	0	1,118	573,205	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	585	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,786	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,453	0	0	27,455	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,077	6,136	0	16,867	19,747	22.00
23.00	02300	PARAMED ED PRGM	906	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	254	0	0	518	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	406,022	2,010	0	2,401,165	45,481	30.00
31.00	03100	INTENSIVE CARE UNIT	39,850	0	0	425,567	0	31.00
32.00	03200	CORONARY CARE UNIT	10,296	0	0	134,106	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,641	0	0	70,324	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,573	0	0	591,894	0	35.00
40.00	04000	SUBPROVIDER - IPF	12,393	0	727	13,707	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,397	0	0	6,082	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	90,600	0	0	3,763,317	0	50.00
51.00	05100	RECOVERY ROOM	5,669	0	0	28,483	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,069	0	0	1,064,558	0	52.00
53.00	05300	ANESTHESIOLOGY	4,808	0	0	318,358	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,322	17,241	996	1,381,046	330,961	54.00
54.01	05401	ULTRASOUND	17,551	0	0	277,250	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,766	0	19,920	70,856	0	55.00
56.00	05600	RADIOISOTOPE	14,082	0	2,499	58,262	0	56.00
57.00	05700	CT SCAN	3,703	0	3,335	176,079	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,338	0	0	230,949	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,964	0	0	457,947	0	59.00
60.00	06000	LABORATORY	44,901	0	1,891	868,965	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,157	0	0	76,285	0	62.00
65.00	06500	RESPIRATORY THERAPY	16,110	3,939	0	376,497	188,237	65.00
66.00	06600	PHYSICAL THERAPY	62,433	10,650	2,098	157,022	36,381	66.00
69.00	06900	ELECTROCARDIOLOGY	25,668	1,405	0	610,923	5,960	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,318	0	0	58,800	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	41,327	0	0	487,479	0	75.00
76.00	03020	CARDIAC REHAB	5,082	0	0	27,665	0	76.00
76.01	03030	GI LAB	21,012	0	0	610,403	0	76.01
76.02	03040	ECT	2,067	0	0	2,783	0	76.02
76.03	03050	OP PSYCH	14,055	0	0	5,773	0	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUI LDING-MOB (SQUARE FEET)	OTHER BUI LDING-CANCE R CENTER (SQUARE FEET)	NEW MVBLE EQUI P (DOLLAR VALUE)	NEW MVBLE EQUI P-MOB (DOLLAR VALUE)	
		1.00	1.01	1.02	2.00	2.01	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	18,368	1,451	13,111	74,070	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	3,664	664	0	30,566	5,539	90.01
91.00	09100 EMERGENCY	72,559	269	0	380,085	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	8,696	0	0	105,636	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	425	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,643,138	81,108	63,817	18,347,262	719,699	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,592	0	0	281	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	2,339	1,984	6,468	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	21,342	68,347	426	1,946	0	192.00
193.00	19300 NONPAID WORKERS	7,067	0	109	7,798	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	80,640	12,373	962	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	1,459	0	0	0	0	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	121,746	126,599	25,370	2,099	0	194.03
194.04	07954 SJMH SHARED SERVICES	55,444	13,773	962	0	0	194.04
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	1,119	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	31,253,390	2,608,380	475,558	25,031,201	720,159	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.086065	8.575007	4.846994	1.363401	1.000639	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVEUE)	Reconciliation	
		NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)					
		2.02	4.00	5.02	5.03	5A.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	812,289				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	331,528,860			4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	25,870,112		5.02
5.03	00550	ADMITTING	0	4,588,362	98,908	3,653,733,694	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	1,246	18,591,607	1,094,508	0	-223,309,551
6.00	00600	MAINTENANCE & REPAIRS	13,432	3,199,150	500,857	0	0
7.00	00700	OPERATION OF PLANT	0	1,653,547	32,557	0	0
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	0
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0
7.03	00703	HEART HOSPITAL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	563,194	684,102	0	0
9.00	00900	HOUSEKEEPING	3,471	6,090,673	1,076,180	0	0
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0
10.00	01000	DIETARY	3,589	7,596,787	5,915,150	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,444,657	28,236	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,420,434	110,458	0	0
15.00	01500	PHARMACY	39,844	11,051,502	209,212	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	639,036	2,239	0	0
17.00	01700	SOCIAL SERVICE	0	0	3	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,333,714	296,616	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,419,277	47,013	9,978,686	0
23.00	02300	PARAMED ED PRGM	0	199,279	2,894	0	0
23.01	02301	RADIOLOGY SCHOOL	0	195,340	2,622	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	55,144,354	1,030,631	270,982,394	0
31.00	03100	INTENSIVE CARE UNIT	0	15,948,780	213,047	83,874,263	0
32.00	03200	CORONARY CARE UNIT	0	3,015,970	55,262	13,719,176	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	1,872,206	24,758	9,460,021	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	13,838,372	193,272	126,574,457	0
40.00	04000	SUBPROVIDER - IPF	0	3,999,105	50,702	12,906,622	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	3,592,301	109,139	19,129,801	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	16,285,284	607,321	235,898,080	0
51.00	05100	RECOVERY ROOM	0	2,098,937	10,464	67,567,251	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,651,201	165,946	57,232,098	0
53.00	05300	ANESTHESIOLOGY	0	542,810	21,721	89,005,926	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,374,446	190,528	99,593,418	0
54.01	05401	ULTRASOUND	0	1,728,827	26,954	48,933,363	0
55.00	05500	RADIOLOGY-THERAPEUTIC	418,683	2,370,542	56,608	94,940,904	0
56.00	05600	RADIOISOTOPE	104,960	1,040,927	56,333	47,712,006	0
57.00	05700	CT SCAN	158,581	1,023,645	58,413	199,405,227	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	674,061	16,776	87,558,342	0
59.00	05900	CARDIAC CATHETERIZATION	0	2,302,485	78,776	75,695,907	0
60.00	06000	LABORATORY	0	10,860,270	9,549,264	357,085,270	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,617,329	1,526,833	19,634,491	0
65.00	06500	RESPIRATORY THERAPY	0	8,225,902	198,321	70,106,417	0
66.00	06600	PHYSICAL THERAPY	12,921	13,903,540	173,540	62,642,932	0
69.00	06900	ELECTROCARDIOLOGY	0	6,727,673	102,853	150,075,102	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	219,158,972	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	120,968,810	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	603,297,848	0
74.00	07400	RENAL DIALYSIS	0	796,733	15,924	7,244,506	0
75.00	07500	ASC (NON-DISTINCT PART)	0	4,675,629	96,355	23,123,389	0
76.00	03020	CARDIAC REHAB	0	881,622	16,589	2,257,734	0
76.01	03030	GI LAB	0	3,832,117	143,939	75,763,456	0
76.02	03040	ECT	0	165,703	2,780	1,419,232	0
76.03	03050	OP PSYCH	0	730,402	23,842	7,841,927	0

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVEUE)	Reconciliation	
	NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)					
	2.02	4.00	5.02	5.03	5A.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	50,087	5,930,497	107,412	16,373,578	0	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	1,197,511	35,136	3,533,392	0	90.01
91.00 09100 EMERGENCY	0	27,667,480	563,397	225,397,645	0	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 AMBULATORY CARE UNIT	0	1,045,775	10,964	5,494,156	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00						118.00
	806,814	306,748,995	25,635,355	3,621,586,799	-223,309,551	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	357,374	4,355	0	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	5,355	622,572	423	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	21,527,340	23,675	32,146,895	0	192.00
193.00 19300 NONPAID WORKERS	120	107,939	24,163	0	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	312,078	6,424	0	0	194.00
194.01 07951 HOSPICE	0	102,811	95	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	1,749,751	174,111	0	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.08 07958 REHAB HOSPITAL	0	0	1,511	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00						200.00
201.00						201.00
202.00						202.00
	794,405	97,417,029	73,417	6,277,085		
203.00						203.00
204.00						204.00
	0.977983	0.293842	0.002838	0.001718		
205.00						205.00
		0.000591	0.002838	0.000043		
206.00						206.00
207.00						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (GENERAL COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CAN- CER CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
2.02	00202						2.02
4.00	00400						4.00
5.02	00590						5.02
5.03	00550						5.03
5.04	00560	722,403,567					5.04
6.00	00600	35,117,517	1,629,020				6.00
7.00	00700	3,528,371	6,780	1,622,240			7.00
7.01	00701	0	0	0	271,449		7.01
7.02	00702	0	0	0	0	82,576	7.02
7.03	00703	0	0	0	0	0	7.03
8.00	00800	4,516,776	7,951	7,951	0	0	8.00
9.00	00900	8,397,664	15,610	15,610	1,868	737	9.00
9.01	00901	0	0	0	0	0	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
10.00	01000	11,472,770	39,940	39,940	2,740	1,262	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	6,421,488	10,803	10,803	0	0	13.00
14.00	01400	5,761,329	20,077	20,077	0	0	14.00
15.00	01500	17,277,246	16,317	16,317	0	1,118	15.00
16.00	01600	2,782,437	4,857	4,857	0	585	16.00
17.00	01700	1,074,859	4,786	4,786	0	0	17.00
21.00	02100	8,030,157	1,453	1,453	0	0	21.00
22.00	02200	7,761,585	7,077	7,077	6,136	0	22.00
23.00	02300	236,227	906	906	0	0	23.00
23.01	02301	187,620	254	254	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	85,122,173	406,022	406,022	2,010	0	30.00
31.00	03100	19,498,263	39,850	39,850	0	0	31.00
32.00	03200	4,668,387	10,296	10,296	0	0	32.00
33.00	03300	2,825,107	8,641	8,641	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
35.00	02040	20,885,412	64,573	64,573	0	0	35.00
40.00	04000	5,854,180	12,393	12,393	0	727	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	5,958,233	4,397	4,397	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	32,507,450	90,600	90,600	0	0	50.00
51.00	05100	3,020,097	5,669	5,669	0	0	51.00
52.00	05200	17,145,399	70,069	70,069	0	0	52.00
53.00	05300	2,515,274	4,808	4,808	0	0	53.00
54.00	05400	16,756,011	52,322	52,322	17,241	996	54.00
54.01	05401	3,347,961	17,551	17,551	0	0	54.01
55.00	05500	8,360,605	7,766	7,766	0	19,920	55.00
56.00	05600	2,779,064	14,082	14,082	0	2,499	56.00
57.00	05700	2,312,754	3,703	3,703	0	3,335	57.00
58.00	05800	1,566,449	11,338	11,338	0	0	58.00
59.00	05900	4,398,786	20,964	20,964	0	0	59.00
60.00	06000	36,074,888	44,901	44,901	0	1,891	60.00
62.00	06200	6,142,987	8,157	8,157	0	0	62.00
65.00	06500	10,777,784	16,110	16,110	3,939	0	65.00
66.00	06600	20,694,530	62,433	62,433	10,650	2,098	66.00
69.00	06900	9,275,608	25,668	25,668	1,405	0	69.00
71.00	07100	48,125,302	0	0	0	0	71.00
72.00	07200	53,970,009	0	0	0	0	72.00
73.00	07300	84,081,357	0	0	0	0	73.00
74.00	07400	1,212,832	3,318	3,318	0	0	74.00
75.00	07500	9,010,035	41,327	41,327	0	0	75.00
76.00	03020	1,299,692	5,082	5,082	0	0	76.00
76.01	03030	7,237,223	21,012	21,012	0	0	76.01
76.02	03040	233,030	2,067	2,067	0	0	76.02
76.03	03050	1,726,681	14,055	14,055	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCE R CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	9,454,586	18,368	18,368	1,451	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,473,479	3,664	3,664	664	90.01
91.00	09100	EMERGENCY	23,873,545	72,559	72,559	269	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	AMBULATORY CARE UNIT	1,669,058	8,696	8,696	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	154	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	678,420,431	1,329,272	1,322,492	48,373	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,963,709	8,592	8,592	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	1,142,509	2,339	2,339	1,984	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,280,338	21,342	21,342	68,347	192.00
193.00	19300	NONPAID WORKERS	297,703	7,067	7,067	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	1,407,942	80,640	80,640	12,373	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	484,217	1,459	1,459	0	194.00
194.01	07951	HOSPICE	171,338	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	6,155,170	121,746	121,746	126,599	194.03
194.04	07954	SJM SHARED SERVICES	1,014,643	55,444	55,444	13,773	194.04
194.08	07958	REHAB HOSPITAL	47,567	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	18,000	1,119	1,119	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	223,309,551	45,973,044	4,810,401	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.309120	28.221289	2.965283	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,591,343	4,443,861	368,371	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003587	2.727935	0.227076	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet B-1	
Date/Time Prepared: 11/26/2018 9:25 am							
Cost Center Description		HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)	HOUSEKEEPING-MOB (SQUARE FEET)	
		7.03	8.00	9.00	9.01	9.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00550	ADMINITING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL	1,622,240				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	7,951	3,114,640			8.00
9.00	00900	HOUSEKEEPING	15,610	331	379,734		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	315,180	1,598,679	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	50,884	0	269,581
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	13,670	0	0
10.00	01000	DIETARY	39,940	4,866	0	39,940	2,740
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	10,803	1,193	0	10,803	0
14.00	01400	CENTRAL SERVICES & SUPPLY	20,077	107	0	20,077	0
15.00	01500	PHARMACY	16,317	2,199	0	16,317	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	0	4,857	0
17.00	01700	SOCIAL SERVICE	4,786	0	0	4,786	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,453	83	0	1,453	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,077	0	0	7,077	6,136
23.00	02300	PARAMED ED PRGM	906	0	0	906	0
23.01	02301	RADIOLOGY SCHOOL	254	0	0	254	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	406,022	1,409,607	0	406,022	2,010
31.00	03100	INTENSIVE CARE UNIT	39,850	221,143	0	39,850	0
32.00	03200	CORONARY CARE UNIT	10,296	81,350	0	10,296	0
33.00	03300	BURN INTENSIVE CARE UNIT	8,641	49,428	0	8,641	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,573	69,996	0	64,573	0
40.00	04000	SUBPROVIDER - I PF	12,393	36,833	0	12,393	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,397	0	0	4,397	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	90,600	76,384	0	90,600	0
51.00	05100	RECOVERY ROOM	5,669	17,425	0	5,669	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,069	186,631	0	70,069	0
53.00	05300	ANESTHESIOLOGY	4,808	0	0	4,808	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,322	143,895	0	52,322	17,241
54.01	05401	ULTRASOUND	17,551	22,904	0	17,551	0
55.00	05500	RADIOLOGY-THERAPEUTIC	7,766	61,020	0	7,766	0
56.00	05600	RADIOISOTOPE	14,082	11,022	0	14,082	0
57.00	05700	CT SCAN	3,703	36,453	0	3,703	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,338	11,631	0	11,338	0
59.00	05900	CARDIAC CATHETERIZATION	20,964	36,883	0	20,964	0
60.00	06000	LABORATORY	44,901	36	0	44,901	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,157	1,538	0	8,157	0
65.00	06500	RESPIRATORY THERAPY	16,110	11,237	0	16,110	3,939
66.00	06600	PHYSICAL THERAPY	62,433	112,685	0	62,433	10,650
69.00	06900	ELECTROCARDIOLOGY	25,668	51,155	0	25,668	1,405
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,318	11,320	0	3,318	0
75.00	07500	ASC (NON-DI STINCT PART)	41,327	95,071	0	41,327	0
76.00	03020	CARDIAC REHAB	5,082	1,328	0	5,082	0
76.01	03030	GI LAB	21,012	126,161	0	21,012	0
76.02	03040	ECT	2,067	2,636	0	2,067	0
76.03	03050	OP PSYCH	14,055	0	0	14,055	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description			HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-M ED CENTER (SQUARE FEET)	HOUSEKEEPING-M OB (SQUARE FEET)	
			7.03	8.00	9.00	9.01	9.02	
90.00	09000	CLINIC	18,368	36,880	0	18,368	1,451	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,664	0	0	3,664	664	90.01
91.00	09100	EMERGENCY	72,559	163,579	0	72,559	269	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	15,472	0	8,696	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,322,492	3,110,482	379,734	1,298,931	46,505	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,592	0	0	8,592	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	2,339	0	0	2,339	1,984	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,342	4,158	0	21,342	68,347	192.00
193.00	19300	NONPAID WORKERS	7,067	0	0	7,067	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	80,640	0	0	80,640	12,373	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINI STRIES	1,459	0	0	1,459	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	121,746	0	0	121,746	126,599	194.03
194.04	07954	SJMH SHARED SERVICES	55,444	0	0	55,444	13,773	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	1,119	0	0	1,119	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	6,160,966	11,481,027	9,529,276	1,538,447	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.978067	30.234393	5.960719	5.706808	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	178,717	466,040	386,814	62,449	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.057380	1.227280	0.241959	0.231652	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet B-1 Date/Time Prepared: 11/26/2018 9:25 am		
Cost Center Description	HOUSEKEEPING-CANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	9.03	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OTHER BUILDING-MOB				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00590	PURCHASING RECEIVING AND STORES				5.02
5.03	00550	ADMINITTING				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OTHER BUILDING-MOB				7.01
7.02	00702	OTHER BUILDING-CANCER CENTER				7.02
7.03	00703	HEART HOSPITAL				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-MED CENTER				9.01
9.02	00902	HOUSEKEEPING-MOB				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	81,839			9.03
10.00	01000	DIETARY	1,262	2,379,438		10.00
11.00	01100	CAFETERIA	0	1,236,654	8,040,220	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	118,417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	195,883	14.00
15.00	01500	PHARMACY	1,118	0	266,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	585	0	27,548	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	195,019	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	106,245	22.00
23.00	02300	PARAMED ED PRGM	0	0	4,645	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,396	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	706,928	2,057,321	30.00
31.00	03100	INTENSIVE CARE UNIT	0	83,851	427,485	31.00
32.00	03200	CORONARY CARE UNIT	0	22,511	107,068	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,050	62,097	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	423,539	35.00
40.00	04000	SUBPROVIDER - I PF	727	20,206	146,013	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	110,530	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0	549,198	50.00
51.00	05100	RECOVERY ROOM	0	0	60,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	343,011	52.00
53.00	05300	ANESTHESIOLOGY	0	0	31,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	996	0	192,683	54.00
54.01	05401	ULTRASOUND	0	0	39,860	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,920	0	61,430	55.00
56.00	05600	RADIOISOTOPE	2,499	0	22,291	56.00
57.00	05700	CT SCAN	3,335	0	33,691	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	22,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	62,286	59.00
60.00	06000	LABORATORY	1,891	0	459,829	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	84,373	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	279,288	65.00
66.00	06600	PHYSICAL THERAPY	2,098	0	234,807	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	131,745	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	19,899	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	98,398	75.00
76.00	03020	CARDIAC REHAB	0	0	25,747	76.00
76.01	03030	GI LAB	0	0	84,712	76.01
76.02	03040	ECT	0	0	5,312	76.02
76.03	03050	OP PSYCH	0	0	25,098	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	13,111	0	190,755	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	382,307	319,748	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	30,630	30,630	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	<b>47,542</b>	<b>2,083,200</b>	<b>7,724,020</b>	<b>4,329,113</b>	<b>101,510,972</b>
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	289,045	26,176	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	6,468	0	6,892	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	426	0	201,654	0	192.00
193.00	19300	NONPAID WORKERS	109	0	5,424	0	193.00
193.01	19301	MEALS ON WHEELS	0	7,193	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	962	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	25,370	0	76,054	0	194.03
194.04	07954	SJM SHARED SERVICES	962	0	0	0	194.04
194.08	07958	REHAB HOSPITAL	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	413,304	16,534,530	8,593,413	8,936,725	8,497,649
203.00		Unit cost multiplier (Wkst. B, Part I)	5.050208	6.948922	1.068803	2.064332	0.083712
204.00		Cost to be allocated (per Wkst. B, Part II)	16,777	1,070,263	556,242	649,869	912,902
205.00		Unit cost multiplier (Wkst. B, Part II)	0.205000	0.449797	0.069182	0.150116	0.008993
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00590 PURCHASING RECEIVING AND STORES						5.02
5.03 00550 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	100					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,653,733,694				16.00
17.00 01700 SOCIAL SERVICE	0	0	102,502			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	187,465		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,978,686	0	0	187,465	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0		23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	270,982,394	48,337	84,257	84,257	30.00
31.00 03100 INTENSIVE CARE UNIT	0	83,874,263	11,315	14,352	14,352	31.00
32.00 03200 CORONARY CARE UNIT	0	13,719,176	4,222	12,457	12,457	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	9,460,021	1,789	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	126,574,457	2,808	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	12,906,622	15,374	2,787	2,787	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	19,129,801	1,914	1,031	1,031	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	235,898,080	0	25,265	25,265	50.00
51.00 05100 RECOVERY ROOM	0	67,567,251	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	57,232,098	2,288	13,791	13,791	52.00
53.00 05300 ANESTHESIOLOGY	0	89,005,926	0	6,360	6,360	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	99,593,418	0	695	695	54.00
54.01 05401 ULTRASOUND	0	48,933,363	0	769	769	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	94,940,904	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	47,712,006	0	0	0	56.00
57.00 05700 CT SCAN	0	199,405,227	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	87,558,342	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	75,695,907	1,040	0	0	59.00
60.00 06000 LABORATORY	0	357,085,270	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,634,491	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	70,106,417	0	1,567	1,567	65.00
66.00 06600 PHYSICAL THERAPY	0	62,642,932	0	1,031	1,031	66.00
69.00 06900 ELECTROCARDIOLOGY	0	150,075,102	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	219,158,972	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	120,968,810	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	100	603,297,848	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	7,244,506	2,080	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	23,123,389	2,766	0	0	75.00
76.00 03020 CARDIAC REHAB	0	2,257,734	0	0	0	76.00
76.01 03030 GI LAB	0	75,763,456	0	1,573	1,573	76.01
76.02 03040 ECT	0	1,419,232	686	0	0	76.02
76.03 03050 OP PSYCH	0	7,841,927	832	0	0	76.03

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	15.00	16.00	17.00	21.00	22.00			
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	16,373,578	0	4,223	4,223	90.00		
90.01 09001 HYPERBARIC/OP WOUND	0	3,533,392	0	6,126	6,126	90.01		
91.00 09100 EMERGENCY	0	225,397,645	7,051	0	0	91.00		
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02		
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
92.01 09201 AMBULATORY CARE UNIT	0	5,494,156	0	0	0	92.01		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	3,621,586,799	102,502	176,284	176,284	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01		
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02		
191.00 19100 RESEARCH	0	0	0	0	0	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	32,146,895	0	11,181	11,181	192.00		
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00		
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01		
193.03 19303 CONVENT	0	0	0	0	0	193.03		
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06		
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07		
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00		
194.01 07951 HOSPICE	0	0	0	0	0	194.01		
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02		
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	0	194.03		
194.04 07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04		
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08		
194.09 07960 MERCY SAFEWATCH	0	0	0	0	0	194.09		
200.00		Cross Foot Adjustments				200.00		
201.00		Negative Cost Centers				201.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	23,519,080	3,855,365	1,584,906	10,775,016	10,582,837	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	235,190.800000	0.001055	15.462196	57.477481	56.452335	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,228,433	108,884	96,145	111,746	272,514	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12,284.330000	0.000030	0.937982	0.596090	1.453679	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OTHER BUILDING-MOB		1.01
1.02	00102	OTHER BUILDING-CANCER CENTER		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590	PURCHASING RECEIVING AND STORES		5.02
5.03	00550	ADMINISTRATIVE		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OTHER BUILDING-MOB		7.01
7.02	00702	OTHER BUILDING-CANCER CENTER		7.02
7.03	00703	HEART HOSPITAL		7.03
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-MED CENTER		9.01
9.02	00902	HOUSEKEEPING-MOB		9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM	100	23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	ULTRASOUND	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DIAGNOSTIC PART)	0	75.00
76.00	03020	CARDIAC REHAB	0	76.00
76.01	03030	GI LAB	0	76.01
76.02	03040	ECT	0	76.02
76.03	03050	OP PSYCH	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
90.00	09000 CLINIC	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	90.01
91.00	09100 EMERGENCY	100	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VENDING MACHINES	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	193.01
193.03	19303 CONVENT	0	0	193.03
193.06	19306 VACANT SPACE	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950 NEIGHBORHOOD MINI STRIES	0	0	194.00
194.01	07951 HOSPICE	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	0	194.03
194.04	07954 SJMH SHARED SERVICES	0	0	194.04
194.08	07958 REHAB HOSPITAL	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	194.09
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	347,869	259,750	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,478.690000	2,597.500000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,765	6,703	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	187.650000	67.030000	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: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/26/2018 9:25 am		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	141,460,463	141,460,463	254,210	141,714,673	30.00
31.00	03100	INTENSIVE CARE UNIT	29,628,806	29,628,806	174,219	29,803,025	31.00
32.00	03200	CORONARY CARE UNIT	7,226,505	7,226,505	0	7,226,505	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,440,049	4,440,049	0	4,440,049	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	31,382,639	31,382,639	20,250	31,402,889	35.00
40.00	04000	SUBPROVIDER - IPF	8,915,193	8,915,193	5,139	8,920,332	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	8,131,290	8,131,290	0	8,131,290	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	47,760,359	47,760,359	43,643	47,804,002	50.00
51.00	05100	RECOVERY ROOM	4,334,442	4,334,442	0	4,334,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,587,885	26,587,885	29,600	26,617,485	52.00
53.00	05300	ANESTHESIOLOGY	3,598,764	3,598,764	0	3,598,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,838,066	24,838,066	0	24,838,066	54.00
54.01	05401	ULTRASOUND	5,263,878	5,263,878	65,785	5,329,663	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,620,643	11,620,643	0	11,620,643	55.00
56.00	05600	RADIOISOTOPE	4,269,819	4,269,819	0	4,269,819	56.00
57.00	05700	CT SCAN	3,500,559	3,500,559	0	3,500,559	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,611,006	2,611,006	0	2,611,006	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,841,509	6,841,509	0	6,841,509	59.00
60.00	06000	LABORATORY	49,772,120	49,772,120	0	49,772,120	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,458,852	8,458,852	0	8,458,852	62.00
65.00	06500	RESPIRATORY THERAPY	15,125,029	15,125,029	2,947	15,127,976	65.00
66.00	06600	PHYSICAL THERAPY	30,022,162	30,022,162	1,402	30,023,564	66.00
69.00	06900	ELECTROCARDIOLOGY	13,688,124	13,688,124	114,130	13,802,254	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	67,230,154	67,230,154	0	67,230,154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,281,343	75,281,343	0	75,281,343	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,228,824	134,228,824	0	134,228,824	73.00
74.00	07400	RENAL DIALYSIS	1,835,540	1,835,540	0	1,835,540	74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,690,791	13,690,791	0	13,690,791	75.00
76.00	03020	CARDIAC REHAB	1,922,763	1,922,763	0	1,922,763	76.00
76.01	03030	GI LAB	10,674,958	10,674,958	4,089	10,679,047	76.01
76.02	03040	ECT	404,842	404,842	0	404,842	76.02
76.03	03050	OP PSYCH	2,830,501	2,830,501	0	2,830,501	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	13,428,108	13,428,108	44,405	13,472,513	90.00
90.01	09001	HYPERBARIC/OP WOUND	2,072,586	2,072,586	0	2,072,586	90.01
91.00	09100	EMERGENCY	36,037,176	36,037,176	337,347	36,374,523	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,489,263	15,489,263	0	15,489,263	92.00
92.01	09201	AMBULATORY CARE UNIT	2,640,397	2,640,397	0	2,640,397	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	202	202	0	202	95.00
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
200.00		Subtotal (see instructions)	867,245,610	867,245,610	1,097,166	868,342,776	200.00
201.00		Less Observation Beds	15,489,263	15,489,263	0	15,489,263	201.00
202.00		Total (see instructions)	851,756,347	851,756,347	1,097,166	852,853,513	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/26/2018 9:25 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	270,982,394		270,982,394				30.00
31.00	03100	INTENSIVE CARE UNIT	83,874,263		83,874,263				31.00
32.00	03200	CORONARY CARE UNIT	13,719,176		13,719,176				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,460,021		9,460,021				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	126,574,457		126,574,457				35.00
40.00	04000	SUBPROVIDER - IPF	12,906,622		12,906,622				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	18,266,723		18,266,723				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	106,753,069	128,134,038	234,887,107	0.203333	0.000000		50.00
51.00	05100	RECOVERY ROOM	15,374,217	52,193,034	67,567,251	0.064150	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,797,423	309,920	57,107,343	0.465577	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	38,610,727	50,395,199	89,005,926	0.040433	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,382,030	75,208,593	99,590,623	0.249402	0.000000		54.00
54.01	05401	ULTRASOUND	6,652,829	42,280,419	48,933,248	0.107573	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,392,065	92,548,839	94,940,904	0.122399	0.000000		55.00
56.00	05600	RADIOISOTOPE	5,813,495	41,898,511	47,712,006	0.089492	0.000000		56.00
57.00	05700	CT SCAN	64,789,176	134,616,050	199,405,226	0.017555	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,606,417	71,951,925	87,558,342	0.022320	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	23,216,309	52,479,598	75,695,907	0.090381	0.000000		59.00
60.00	06000	LABORATORY	172,996,502	184,088,768	357,085,270	0.139384	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,612,497	4,021,994	19,634,491	0.430816	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	48,557,982	21,548,435	70,106,417	0.215744	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	20,314,709	38,655,853	58,970,562	0.509104	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	55,898,715	91,640,474	147,539,189	0.092776	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	117,472,805	101,686,166	219,158,971	0.306764	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,806,384	45,162,426	120,968,810	0.622320	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	189,227,448	414,070,401	603,297,849	0.222492	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,970,354	274,152	7,244,506	0.253370	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,548,007	20,575,383	23,123,390	0.592075	0.000000		75.00
76.00	03020	CARDIAC REHAB	610,176	1,647,558	2,257,734	0.851634	0.000000		76.00
76.01	03030	GI LAB	5,387,774	70,375,682	75,763,456	0.140899	0.000000		76.01
76.02	03040	ECT	408,744	1,010,488	1,419,232	0.285254	0.000000		76.02
76.03	03050	OP PSYCH	1,420	7,840,507	7,841,927	0.360945	0.000000		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	425,017	10,684,944	11,109,961	1.208655	0.000000		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	2,230,864	2,230,864	0.929051	0.000000		90.01
91.00	09100	EMERGENCY	44,599,695	97,444,027	142,043,722	0.253705	0.000000		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000		91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,507,297	46,846,866	59,354,163	0.260963	0.000000		92.00
92.01	09201	AMBULATORY CARE UNIT	265,290	5,228,866	5,494,156	0.480583	0.000000		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	1,665,782,229	1,907,049,980	3,572,832,209				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,665,782,229	1,907,049,980	3,572,832,209				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/26/2018 9:25 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.203519		50.00
51.00	05100 RECOVERY ROOM	0.064150		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.466096		52.00
53.00	05300 ANESTHESIOLOGY	0.040433		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.249402		54.00
54.01	05401 ULTRASOUND	0.108917		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122399		55.00
56.00	05600 RADIOISOTOPE	0.089492		56.00
57.00	05700 CT SCAN	0.017555		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.029820		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.090381		59.00
60.00	06000 LABORATORY	0.139384		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.430816		62.00
65.00	06500 RESPIRATORY THERAPY	0.215786		65.00
66.00	06600 PHYSICAL THERAPY	0.509128		66.00
69.00	06900 ELECTROCARDIOLOGY	0.093550		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306764		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.622320		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.222492		73.00
74.00	07400 RENAL DIALYSIS	0.253370		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.592075		75.00
76.00	03020 CARDIAC REHAB	0.851634		76.00
76.01	03030 GI LAB	0.140952		76.01
76.02	03040 ECT	0.285254		76.02
76.03	03050 OP PSYCH	0.360945		76.03
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	1.212652		90.00
90.01	09001 HYPERBARIC/OP WOUND	0.929051		90.01
91.00	09100 EMERGENCY	0.256080		91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102 PAIN THERAPY CENTER	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.260963		92.00
92.01	09201 AMBULATORY CARE UNIT	0.480583		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period: 07/01/2017 To 06/30/2018

Worksheet C Part I Date/Time Prepared: 11/26/2018 9:25 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		141,460,463	254,210	141,714,673	30.00
31.00	03100 INTENSIVE CARE UNIT		29,628,806	174,219	29,803,025	31.00
32.00	03200 CORONARY CARE UNIT		7,226,505	0	7,226,505	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		4,440,049	0	4,440,049	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		31,382,639	20,250	31,402,889	35.00
40.00	04000 SUBPROVIDER - IPF		8,915,193	5,139	8,920,332	40.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		8,131,290	0	8,131,290	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		47,760,359	43,643	47,804,002	50.00
51.00	05100 RECOVERY ROOM		4,334,442	0	4,334,442	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		26,587,885	29,600	26,617,485	52.00
53.00	05300 ANESTHESIOLOGY		3,598,764	0	3,598,764	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		24,838,066	0	24,838,066	54.00
54.01	05401 ULTRASOUND		5,263,878	65,785	5,329,663	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		11,620,643	0	11,620,643	55.00
56.00	05600 RADIOISOTOPE		4,269,819	0	4,269,819	56.00
57.00	05700 CT SCAN		3,500,559	0	3,500,559	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,611,006	0	2,611,006	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,841,509	0	6,841,509	59.00
60.00	06000 LABORATORY		49,772,120	0	49,772,120	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		8,458,852	0	8,458,852	62.00
65.00	06500 RESPIRATORY THERAPY	0	15,125,029	2,947	15,127,976	65.00
66.00	06600 PHYSICAL THERAPY	0	30,022,162	1,402	30,023,564	66.00
69.00	06900 ELECTROCARDIOLOGY		13,688,124	114,130	13,802,254	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		67,230,154	0	67,230,154	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		75,281,343	0	75,281,343	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		134,228,824	0	134,228,824	73.00
74.00	07400 RENAL DIALYSIS		1,835,540	0	1,835,540	74.00
75.00	07500 ASC (NON-DISTINCT PART)		13,690,791	0	13,690,791	75.00
76.00	03020 CARDIAC REHAB		1,922,763	0	1,922,763	76.00
76.01	03030 GI LAB		10,674,958	4,089	10,679,047	76.01
76.02	03040 ECT		404,842	0	404,842	76.02
76.03	03050 OP PSYCH		2,830,501	0	2,830,501	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	13,428,108	13,428,108	44,405	13,472,513	90.00
90.01	09001 HYPERBARIC/OP WOUND	2,072,586	2,072,586	0	2,072,586	90.01
91.00	09100 EMERGENCY	36,037,176	36,037,176	337,347	36,374,523	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	15,489,263	15,489,263	0	15,489,263	92.00
92.01	09201 AMBULATORY CARE UNIT	2,640,397	2,640,397	0	2,640,397	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	202	202	0	202	95.00
99.10	09910 CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	867,245,610	867,245,610	1,097,166	868,342,776	200.00
201.00	Less Observation Beds	15,489,263	15,489,263	0	15,489,263	201.00
202.00	Total (see instructions)	851,756,347	851,756,347	1,097,166	852,853,513	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/26/2018 9:25 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	270,982,394		270,982,394				30.00
31.00	03100	INTENSIVE CARE UNIT	83,874,263		83,874,263				31.00
32.00	03200	CORONARY CARE UNIT	13,719,176		13,719,176				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,460,021		9,460,021				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	126,574,457		126,574,457				35.00
40.00	04000	SUBPROVIDER - IPF	12,906,622		12,906,622				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	18,266,723		18,266,723				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	106,753,069	128,134,038	234,887,107	0.203333	0.000000		50.00
51.00	05100	RECOVERY ROOM	15,374,217	52,193,034	67,567,251	0.064150	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,797,423	309,920	57,107,343	0.465577	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	38,610,727	50,395,199	89,005,926	0.404333	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,382,030	75,208,593	99,590,623	0.249402	0.000000		54.00
54.01	05401	ULTRASOUND	6,652,829	42,280,419	48,933,248	0.107573	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,392,065	92,548,839	94,940,904	0.122399	0.000000		55.00
56.00	05600	RADIOISOTOPE	5,813,495	41,898,511	47,712,006	0.089492	0.000000		56.00
57.00	05700	CT SCAN	64,789,176	134,616,050	199,405,226	0.017555	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,606,417	71,951,925	87,558,342	0.022320	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	23,216,309	52,479,598	75,695,907	0.090381	0.000000		59.00
60.00	06000	LABORATORY	172,996,502	184,088,768	357,085,270	0.139384	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,612,497	4,021,994	19,634,491	0.430816	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	48,557,982	21,548,435	70,106,417	0.215744	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	20,314,709	38,655,853	58,970,562	0.509104	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	55,898,715	91,640,474	147,539,189	0.092776	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	117,472,805	101,686,166	219,158,971	0.306764	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,806,384	45,162,426	120,968,810	0.622320	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	189,227,448	414,070,401	603,297,849	0.222492	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,970,354	274,152	7,244,506	0.253370	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,548,007	20,575,383	23,123,390	0.592075	0.000000		75.00
76.00	03020	CARDIAC REHAB	610,176	1,647,558	2,257,734	0.851634	0.000000		76.00
76.01	03030	GI LAB	5,387,774	70,375,682	75,763,456	0.140899	0.000000		76.01
76.02	03040	ECT	408,744	1,010,488	1,419,232	0.285254	0.000000		76.02
76.03	03050	OP PSYCH	1,420	7,840,507	7,841,927	0.360945	0.000000		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	425,017	10,684,944	11,109,961	1.208655	0.000000		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	2,230,864	2,230,864	0.929051	0.000000		90.01
91.00	09100	EMERGENCY	44,599,695	97,444,027	142,043,722	0.253705	0.000000		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000		91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,507,297	46,846,866	59,354,163	0.260963	0.000000		92.00
92.01	09201	AMBULATORY CARE UNIT	265,290	5,228,866	5,494,156	0.480583	0.000000		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	1,665,782,229	1,907,049,980	3,572,832,209				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,665,782,229	1,907,049,980	3,572,832,209				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/26/2018 9:25 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.01	03030 GI LAB	0.000000		76.01
76.02	03040 ECT	0.000000		76.02
76.03	03050 OP PSYCH	0.000000		76.03
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 HYPERBARIC/OP WOUND	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102 PAIN THERAPY CENTER	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 AMBULATORY CARE UNIT	0.000000		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,404,149	0	12,404,149	162,829	76.18	30.00
31.00 INTENSIVE CARE UNIT	1,589,505		1,589,505	17,048	93.24	31.00
32.00 CORONARY CARE UNIT	443,298		443,298	4,655	95.23	32.00
33.00 BURN INTENSIVE CARE UNIT	298,508		298,508	2,639	113.11	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	2,244,566		2,244,566	28,093	79.90	35.00
40.00 SUBPROVIDER - IPF	333,628	0	333,628	4,083	81.71	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	127,723		127,723	18,489	6.91	43.00
200.00 Total (lines 30 through 199)	17,441,377		17,441,377	237,836		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	37,425	2,851,037	30.00
31.00 INTENSIVE CARE UNIT	5,176	482,610	31.00
32.00 CORONARY CARE UNIT	1,395	132,846	32.00
33.00 BURN INTENSIVE CARE UNIT	392	44,339	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00 SUBPROVIDER - IPF	1,910	156,066	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
200.00 Total (lines 30 through 199)	46,298	3,666,898	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,127,441	234,887,107	0.030344	28,394,245	861,595	50.00
51.00	05100 RECOVERY ROOM	170,356	67,567,251	0.002521	3,569,984	9,000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,963,083	57,107,343	0.051886	1,389,221	72,081	52.00
53.00	05300 ANESTHESIOLOGY	544,831	89,005,926	0.006121	7,619,496	46,639	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,474,338	99,590,623	0.034886	6,581,258	229,594	54.00
54.01	05401 ULTRASOUND	743,699	48,933,248	0.015198	1,500,085	22,798	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	802,688	94,940,904	0.008455	867,904	7,338	55.00
56.00	05600 RADIOISOTOPE	482,653	47,712,006	0.010116	2,402,831	24,307	56.00
57.00	05700 CT SCAN	511,457	199,405,226	0.002565	19,529,176	50,092	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	548,170	87,558,342	0.006261	4,396,542	27,527	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,063,902	75,695,907	0.014055	8,541,310	120,048	59.00
60.00	06000 LABORATORY	2,280,929	357,085,270	0.006388	48,148,753	307,574	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	296,572	19,634,491	0.015105	4,403,091	66,509	62.00
65.00	06500 RESPIRATORY THERAPY	1,116,182	70,106,417	0.015921	13,034,483	207,522	65.00
66.00	06600 PHYSICAL THERAPY	1,681,636	58,970,562	0.028517	7,091,184	202,219	66.00
69.00	06900 ELECTROCARDIOLOGY	1,420,109	147,539,189	0.009625	17,864,334	171,944	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	618,029	219,158,971	0.002820	31,499,670	88,829	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	685,918	120,968,810	0.005670	22,973,879	130,262	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,572,711	603,297,849	0.002607	49,098,782	128,001	73.00
74.00	07400 RENAL DIALYSIS	156,509	7,244,506	0.021604	3,911,180	84,497	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,513,437	23,123,390	0.065450	686,847	44,954	75.00
76.00	03020 CARDIAC REHAB	142,966	2,257,734	0.063323	237,720	15,053	76.00
76.01	03030 GI LAB	1,284,662	75,763,456	0.016956	1,732,432	29,375	76.01
76.02	03040 ECT	45,859	1,419,232	0.032313	58,072	1,876	76.02
76.03	03050 OP PSYCH	288,677	7,841,927	0.036812	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	637,409	11,109,961	0.057373	5,075	291	90.00
90.01	09001 HYPERBARIC/OP WOUND	130,069	2,230,864	0.058304	0	0	90.01
91.00	09100 EMERGENCY	2,130,220	142,043,722	0.014997	11,285,767	169,253	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,355,760	59,354,163	0.022842	5,246,686	119,845	92.00
92.01	09201 AMBULATORY CARE UNIT	326,351	5,494,156	0.059400	60,321	3,583	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	36,116,623	3,037,048,553		302,130,328	3,242,606	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		Title XVIII		Hospital		PPS		
		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	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	162,829	0.00	37,425	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	17,048	0.00	5,176	31.00
32.00	03200	CORONARY CARE UNIT	0	0	4,655	0.00	1,395	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,639	0.00	392	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	28,093	0.00	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,083	0.00	1,910	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	18,489	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	237,836	0.00	46,298	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 9:25 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	259,750	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03030	GI LAB	0	0	0	0	76.01
76.02	03040	ECT	0	0	0	0	76.02
76.03	03050	OP PSYCH	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	347,869	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	607,619	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 9:25 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	234,887,107	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	67,567,251	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,107,343	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	89,005,926	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259,750	259,750	99,590,623	0.002608	54.00
54.01	05401	ULTRASOUND	0	0	0	48,933,248	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	94,940,904	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	47,712,006	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	199,405,226	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	87,558,342	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	75,695,907	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	357,085,270	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	19,634,491	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	70,106,417	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	58,970,562	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	147,539,189	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	219,158,971	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	120,968,810	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	603,297,849	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,244,506	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	23,123,390	0.000000	75.00
76.00	03020	CARDIAC REHAB	0	0	0	2,257,734	0.000000	76.00
76.01	03030	GI LAB	0	0	0	75,763,456	0.000000	76.01
76.02	03040	ECT	0	0	0	1,419,232	0.000000	76.02
76.03	03050	OP PSYCH	0	0	0	7,841,927	0.000000	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	11,109,961	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	2,230,864	0.000000	90.01
91.00	09100	EMERGENCY	0	347,869	347,869	142,043,722	0.002449	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	59,354,163	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	5,494,156	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	607,619	607,619	3,037,048,553		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 9:25 am
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Cost Center Description		Title XVIII					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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	28,394,245	0	21,575,457	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	3,569,984	0	8,078,798	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,389,221	0	11,896	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	7,619,496	0	7,657,215	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002608	6,581,258	17,164	8,674,461	22,623	54.00	
54.01	05401 ULTRASOUND	0.000000	1,500,085	0	2,631,105	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	867,904	0	24,226,879	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	2,402,831	0	12,222,578	0	56.00	
57.00	05700 CT SCAN	0.000000	19,529,176	0	27,558,603	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,396,542	0	13,001,980	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,541,310	0	15,565,086	0	59.00	
60.00	06000 LABORATORY	0.000000	48,148,753	0	14,388,377	0	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	4,403,091	0	823,822	0	62.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	13,034,483	0	3,237,236	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	7,091,184	0	556,145	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	17,864,334	0	19,463,121	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	31,499,670	0	20,221,958	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	22,973,879	0	11,801,420	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	49,098,782	0	104,511,405	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	3,911,180	0	260,560	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	686,847	0	3,449,354	0	75.00	
76.00	03020 CARDIAC REHAB	0.000000	237,720	0	519,237	0	76.00	
76.01	03030 GI LAB	0.000000	1,732,432	0	12,535,920	0	76.01	
76.02	03040 ECT	0.000000	58,072	0	336,536	0	76.02	
76.03	03050 OP PSYCH	0.000000	0	0	1,083,640	0	76.03	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	5,075	0	1,052,774	0	90.00	
90.01	09001 HYPERBARIC/OP WOUND	0.000000	0	0	899,818	0	90.01	
91.00	09100 EMERGENCY	0.002449	11,285,767	27,639	11,323,677	27,732	91.00	
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02	
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	5,246,686	0	10,604,972	0	92.00	
92.01	09201 AMBULATORY CARE UNIT	0.000000	60,321	0	810,906	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		302,130,328	44,803	359,084,936	50,355	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/26/2018 9:25 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.203333	21,575,457	0	0	4,387,002	50.00
51.00	05100	RECOVERY ROOM	0.064150	8,078,798	0	0	518,255	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.465577	11,896	0	0	5,539	52.00
53.00	05300	ANESTHESIOLOGY	0.040433	7,657,215	0	0	309,604	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249402	8,674,461	0	0	2,163,428	54.00
54.01	05401	ULTRASOUND	0.107573	2,631,105	0	0	283,036	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122399	24,226,879	0	0	2,965,346	55.00
56.00	05600	RADIOISOTOPE	0.089492	12,222,578	0	0	1,093,823	56.00
57.00	05700	CT SCAN	0.017555	27,558,603	0	0	483,791	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029820	13,001,980	0	0	387,719	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090381	15,565,086	0	0	1,406,788	59.00
60.00	06000	LABORATORY	0.139384	14,388,377	156	0	2,005,510	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.430816	823,822	0	0	354,916	62.00
65.00	06500	RESPIRATORY THERAPY	0.215744	3,237,236	0	0	698,414	65.00
66.00	06600	PHYSICAL THERAPY	0.509104	556,145	0	0	283,136	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092776	19,463,121	0	0	1,805,711	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306764	20,221,958	0	0	6,203,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.622320	11,801,420	14,850	0	7,344,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222492	104,511,405	526	421,621	23,252,952	73.00
74.00	07400	RENAL DIALYSIS	0.253370	260,560	0	0	66,018	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.592075	3,449,354	0	0	2,042,276	75.00
76.00	03020	CARDIAC REHAB	0.851634	519,237	0	0	442,200	76.00
76.01	03030	GI LAB	0.140899	12,535,920	0	0	1,766,299	76.01
76.02	03040	ECT	0.285254	336,536	0	0	95,998	76.02
76.03	03050	OP PSYCH	0.360945	1,083,640	0	0	391,134	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.208655	1,052,774	0	0	1,272,441	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.929051	899,818	0	0	835,977	90.01
91.00	09100	EMERGENCY	0.253705	11,323,677	0	0	2,872,873	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260963	10,604,972	0	0	2,767,505	92.00
92.01	09201	AMBULATORY CARE UNIT	0.480583	810,906	0	0	389,708	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		359,084,936	15,532	421,621	68,895,028	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		359,084,936	15,532	421,621	68,895,028	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		50.00	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01 05401 ULTRASOUND	0	0	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	56.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	22	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9,241	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	117	93,807	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00	
76.00 03020 CARDIAC REHAB	0	0	76.00	
76.01 03030 GI LAB	0	0	76.01	
76.02 03040 ECT	0	0	76.02	
76.03 03050 OP PSYCH	0	0	76.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00	
90.00 09000 CLINIC	0	0	90.00	
90.01 09001 HYPERBARIC/OP WOUND	0	0	90.01	
91.00 09100 EMERGENCY	0	0	91.00	
91.02 09101 NATURAL FAMILY PLANNING	0	0	91.02	
91.03 09102 PAIN THERAPY CENTER	0	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
92.01 09201 AMBULATORY CARE UNIT	0	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
200.00	Subtotal (see instructions)	9,380	93,807	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	9,380	93,807	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/26/2018 9:25 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,127,441	234,887,107	0.030344	0	50.00
51.00	05100	RECOVERY ROOM	170,356	67,567,251	0.002521	24,086	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,963,083	57,107,343	0.051886	239	52.00
53.00	05300	ANESTHESIOLOGY	544,831	89,005,926	0.006121	42,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,474,338	99,590,623	0.034886	12,375	54.00
54.01	05401	ULTRASOUND	743,699	48,933,248	0.015198	2,732	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	802,688	94,940,904	0.008455	0	55.00
56.00	05600	RADIOISOTOPE	482,653	47,712,006	0.010116	0	56.00
57.00	05700	CT SCAN	511,457	199,405,226	0.002565	41,168	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	548,170	87,558,342	0.006261	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,063,902	75,695,907	0.014055	0	59.00
60.00	06000	LABORATORY	2,280,929	357,085,270	0.006388	331,456	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	296,572	19,634,491	0.015105	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,116,182	70,106,417	0.015921	1,864	65.00
66.00	06600	PHYSICAL THERAPY	1,681,636	58,970,562	0.028517	29,339	66.00
69.00	06900	ELECTROCARDIOLOGY	1,420,109	147,539,189	0.009625	38,216	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	618,029	219,158,971	0.002820	30,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	685,918	120,968,810	0.005670	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,572,711	603,297,849	0.002607	318,418	73.00
74.00	07400	RENAL DIALYSIS	156,509	7,244,506	0.021604	2	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,513,437	23,123,390	0.065450	0	75.00
76.00	03020	CARDIAC REHAB	142,966	2,257,734	0.063323	0	76.00
76.01	03030	GI LAB	1,284,662	75,763,456	0.016956	0	76.01
76.02	03040	ECT	45,859	1,419,232	0.032313	73,444	76.02
76.03	03050	OP PSYCH	288,677	7,841,927	0.036812	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	637,409	11,109,961	0.057373	1	90.00
90.01	09001	HYPERBARIC/OP WOUND	130,069	2,230,864	0.058304	0	90.01
91.00	09100	EMERGENCY	2,130,220	142,043,722	0.014997	255,924	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	59,354,163	0.000000	1,337	92.00
92.01	09201	AMBULATORY CARE UNIT	326,351	5,494,156	0.059400	371	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	34,760,863	3,037,048,553		1,204,468	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 9:25 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	259,750	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	0	0	76.01
76.02	03040 ECT	0	0	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	347,869	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (Lines 50 through 199)	0	0	0	0	607,619	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 9:25 am
Title XVIII		Subprovider - IPF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	234,887,107	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	67,567,251	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	57,107,343	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	89,005,926	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	259,750	259,750	99,590,623	0.002608	54.00
54.01 05401 ULTRASOUND	0	0	0	48,933,248	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	94,940,904	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	47,712,006	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	199,405,226	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	87,558,342	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	75,695,907	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	357,085,270	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	19,634,491	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	70,106,417	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	58,970,562	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	147,539,189	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	219,158,971	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	120,968,810	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	603,297,849	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	7,244,506	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	23,123,390	0.000000	75.00
76.00 03020 CARDIAC REHAB	0	0	0	2,257,734	0.000000	76.00
76.01 03030 GI LAB	0	0	0	75,763,456	0.000000	76.01
76.02 03040 ECT	0	0	0	1,419,232	0.000000	76.02
76.03 03050 OP PSYCH	0	0	0	7,841,927	0.000000	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	11,109,961	0.000000	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0	0	2,230,864	0.000000	90.01
91.00 09100 EMERGENCY	0	347,869	347,869	142,043,722	0.002449	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0.000000	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0.000000	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	59,354,163	0.000000	92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	0	5,494,156	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	607,619	607,619	3,037,048,553		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/26/2018 9:25 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	24,086	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	239	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	42,612	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002608	12,375	32	0	0	54.00
54.01	05401 ULTRASOUND	0.000000	2,732	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	41,168	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	331,456	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,864	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	29,339	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	38,216	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	30,884	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	0.000000	318,418	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.01	03030 GI LAB	0.000000	0	0	0	0	76.01
76.02	03040 ECT	0.000000	73,444	0	0	0	76.02
76.03	03050 OP PSYCH	0.000000	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	1	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.002449	255,924	627	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,337	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0.000000	371	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		1,204,468	659	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/26/2018 9:25 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.203333	0	2,513,233	0	0	50.00
51.00	05100	RECOVERY ROOM	0.064150	0	863,975	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.465577	0	7,477	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040433	0	895,463	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249402	0	1,187,177	0	0	54.00
54.01	05401	ULTRASOUND	0.107573	0	941,645	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122399	0	2,662,968	0	0	55.00
56.00	05600	RADIOISOTOPE	0.089492	0	881,920	0	0	56.00
57.00	05700	CT SCAN	0.017555	0	3,142,599	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029820	0	1,183,293	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090381	0	532,607	0	0	59.00
60.00	06000	LABORATORY	0.139384	0	4,015,831	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.430816	0	119,375	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.215744	0	603,778	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.509104	0	245,440	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092776	0	1,641,410	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306764	0	1,643,404	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.622320	0	923,353	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222492	0	12,902,613	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.253370	0	12,990	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.592075	0	414,272	0	0	75.00
76.00	03020	CARDIAC REHAB	0.851634	0	23,161	0	0	76.00
76.01	03030	GI LAB	0.140899	0	800,783	0	0	76.01
76.02	03040	ECT	0.285254	0	73,920	0	0	76.02
76.03	03050	OP PSYCH	0.360945	0	33,675	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.208655	0	167,515	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.929051	0	50,599	0	0	90.01
91.00	09100	EMERGENCY	0.253705	0	6,803,129	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260963	0	2,632,788	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.480583	0	99,225	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
200.00		Subtotal (see instructions)		0	48,019,618	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	48,019,618	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/26/2018 9:25 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	511,023	0	50.00
51.00	05100 RECOVERY ROOM	55,424	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,481	0	52.00
53.00	05300 ANESTHESIOLOGY	36,206	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	296,084	0	54.00
54.01	05401 ULTRASOUND	101,296	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	325,945	0	55.00
56.00	05600 RADIO SOTOP	78,925	0	56.00
57.00	05700 CT SCAN	55,168	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	35,286	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	48,138	0	59.00
60.00	06000 LABORATORY	559,743	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	51,429	0	62.00
65.00	06500 RESPIRATORY THERAPY	130,261	0	65.00
66.00	06600 PHYSICAL THERAPY	124,954	0	66.00
69.00	06900 ELECTROCARDIOLOGY	152,283	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	504,137	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	574,621	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,870,728	0	73.00
74.00	07400 RENAL DIALYSIS	3,291	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	245,280	0	75.00
76.00	03020 CARDIAC REHAB	19,725	0	76.00
76.01	03030 GI LAB	112,830	0	76.01
76.02	03040 ECT	21,086	0	76.02
76.03	03050 OP PSYCH	12,155	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	202,468	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	47,009	0	90.01
91.00	09100 EMERGENCY	1,725,988	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	687,060	0	92.00
92.01	09201 AMBULATORY CARE UNIT	47,686	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	9,639,710	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	9,639,710	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		162,829	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		162,829	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)		145,032	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)		37,425	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
<b>SWING BED ADJUSTMENT</b>				
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)		141,714,673	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)		141,714,673	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		141,714,673	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		870.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		32,572,100	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)		32,572,100	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am	
Title XVIII			Hospital		PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	29,803,025	17,048	1,748.18	5,176	9,048,580		43.00
44.00	CORONARY CARE UNIT	7,226,505	4,655	1,552.42	1,395	2,165,626		44.00
45.00	BURN INTENSIVE CARE UNIT	4,440,049	2,639	1,682.47	392	659,528		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,402,889	28,093	1,117.82	0	0		47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					68,076,981		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					112,522,815		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,510,832		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,287,409		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,798,241		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					105,724,574		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					17,797		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					870.33		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,489,263		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,404,149	141,714,673	0.087529	15,489,263	1,355,760	90.00
91.00	Nursing School cost	0	141,714,673	0.000000	15,489,263	0	91.00
92.00	Allied health cost	0	141,714,673	0.000000	15,489,263	0	92.00
93.00	All other Medical Education	0	141,714,673	0.000000	15,489,263	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,083	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,083	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,083	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)		1,910	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
<b>SWING BED ADJUSTMENT</b>				
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)		8,920,332	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,920,332	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		8,920,332	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,184.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,172,873	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)		4,172,873	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Component CCN: 26-S020				Date/Time Prepared: 11/26/2018 9:25 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					239,935		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,412,808		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					156,066		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,075		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					168,141		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,244,667		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	333,628	8,920,332	0.037401	0	0	90.00
91.00	Nursing School cost	0	8,920,332	0.000000	0	0	91.00
92.00	Allied health cost	0	8,920,332	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,920,332	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			162,829 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			162,829 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)			145,032 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			10,455 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)			18,489 15.00
16.00	Nursery days (title V or XIX only)			715 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			141,460,463 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)			141,460,463 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			141,460,463 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			868.77 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,082,990 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			9,082,990 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	8,131,290	18,489	439.79	715	314,450	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	29,628,806	17,048	1,737.96	1,644	2,857,206	43.00
44.00	CORONARY CARE UNIT	7,226,505	4,655	1,552.42	315	489,012	44.00
45.00	BURN INTENSIVE CARE UNIT	4,440,049	2,639	1,682.47	362	609,054	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,382,639	28,093	1,117.10	2,329	2,601,726	47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,884,040	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,838,478	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					17,797	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					868.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,461,500	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,404,149	141,460,463	0.087686	15,461,500	1,355,757	90.00
91.00	Nursing School cost	0	141,460,463	0.000000	15,461,500	0	91.00
92.00	Allied health cost	0	141,460,463	0.000000	15,461,500	0	92.00
93.00	All other Medical Education	0	141,460,463	0.000000	15,461,500	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,083 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,083 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,083 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)			220 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)			18,489 15.00
16.00	Nursery days (title V or XIX only)			715 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			8,915,193 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)			8,915,193 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			8,915,193 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			2,183.49 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			480,368 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)			480,368 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					331,475		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					811,843		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 9:25 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	333,628	8,915,193	0.037422	0	0	90.00
91.00	Nursing School cost	0	8,915,193	0.000000	0	0	91.00
92.00	Allied health cost	0	8,915,193	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,915,193	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		75,949,485	30.00
31.00	03100	INTENSIVE CARE UNIT		23,276,115	31.00
32.00	03200	CORONARY CARE UNIT		4,609,676	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,735,165	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		2,265,466	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.203519	28,394,245	50.00
51.00	05100	RECOVERY ROOM	0.064150	3,569,984	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.466096	1,389,221	52.00
53.00	05300	ANESTHESIOLOGY	0.040433	7,619,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249402	6,581,258	54.00
54.01	05401	ULTRASOUND	0.108917	1,500,085	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122399	867,904	55.00
56.00	05600	RADIOISOTOPE	0.089492	2,402,831	56.00
57.00	05700	CT SCAN	0.017555	19,529,176	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029820	4,396,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090381	8,541,310	59.00
60.00	06000	LABORATORY	0.139384	48,148,753	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.430816	4,403,091	62.00
65.00	06500	RESPIRATORY THERAPY	0.215786	13,034,483	65.00
66.00	06600	PHYSICAL THERAPY	0.509128	7,091,184	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093550	17,864,334	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306764	31,499,670	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.622320	22,973,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222492	49,098,782	73.00
74.00	07400	RENAL DIALYSIS	0.253370	3,911,180	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.592075	686,847	75.00
76.00	03020	CARDIAC REHAB	0.851634	237,720	76.00
76.01	03030	GI LAB	0.140952	1,732,432	76.01
76.02	03040	ECT	0.285254	58,072	76.02
76.03	03050	OP PSYCH	0.360945	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	1.212652	5,075	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.929051	0	90.01
91.00	09100	EMERGENCY	0.256080	11,285,767	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260963	5,246,686	92.00
92.01	09201	AMBULATORY CARE UNIT	0.480583	60,321	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		302,130,328	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)		302,130,328	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000 SUBPROVIDER - IPF		1,939,719	40.00
41.00	04100 SUBPROVIDER - IPF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.203519	0	50.00
51.00	05100 RECOVERY ROOM	0.064150	24,086	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.466096	239	52.00
53.00	05300 ANESTHESIOLOGY	0.040433	42,612	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.249402	12,375	54.00
54.01	05401 ULTRASOUND	0.108917	2,732	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122399	0	55.00
56.00	05600 RADIOISOTOPE	0.089492	0	56.00
57.00	05700 CT SCAN	0.017555	41,168	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.029820	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.090381	0	59.00
60.00	06000 LABORATORY	0.139384	331,456	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.430816	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.215786	1,864	65.00
66.00	06600 PHYSICAL THERAPY	0.509128	29,339	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093550	38,216	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306764	30,884	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.622320	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.222492	318,418	73.00
74.00	07400 RENAL DIALYSIS	0.253370	2	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.592075	0	75.00
76.00	03020 CARDIAC REHAB	0.851634	0	76.00
76.01	03030 GI LAB	0.140952	0	76.01
76.02	03040 ECT	0.285254	73,444	76.02
76.03	03050 OP PSYCH	0.360945	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	1.212652	1	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.929051	0	90.01
91.00	09100 EMERGENCY	0.256080	255,924	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.260963	1,337	92.00
92.01	09201 AMBULATORY CARE UNIT	0.480583	371	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,204,468	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		1,204,468	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 9:25 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,324,606	30.00
31.00	03100	INTENSIVE CARE UNIT		7,477,246	31.00
32.00	03200	CORONARY CARE UNIT		956,628	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,454,634	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		10,516,537	35.00
40.00	04000	SUBPROVIDER - IPF		141,560	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		720,056	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.203333	5,145,908	50.00
51.00	05100	RECOVERY ROOM	0.064150	540,282	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.465577	1,469,757	52.00
53.00	05300	ANESTHESIOLOGY	0.040433	1,528,881	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249402	1,646,408	54.00
54.01	05401	ULTRASOUND	0.107573	398,644	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122399	143,561	55.00
56.00	05600	RADIOISOTOPE	0.089492	245,279	56.00
57.00	05700	CT SCAN	0.017555	3,929,524	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029820	978,718	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090381	731,875	59.00
60.00	06000	LABORATORY	0.139384	10,982,071	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.430816	1,118,648	62.00
65.00	06500	RESPIRATORY THERAPY	0.215744	4,339,385	65.00
66.00	06600	PHYSICAL THERAPY	0.509104	1,168,519	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092776	3,408,336	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306764	6,073,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.622320	2,200,691	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222492	13,942,763	73.00
74.00	07400	RENAL DIALYSIS	0.253370	265,996	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.592075	124,868	75.00
76.00	03020	CARDIAC REHAB	0.851634	22,332	76.00
76.01	03030	GI LAB	0.140899	314,657	76.01
76.02	03040	ECT	0.285254	0	76.02
76.03	03050	OP PSYCH	0.360945	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.208655	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.929051	0	90.01
91.00	09100	EMERGENCY	0.253705	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260963	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.480583	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		60,721,081	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)		60,721,081	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 9:25 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		3,774,550	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.203333	4,488	50.00
51.00	05100	RECOVERY ROOM	0.064150	14,826	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.465577	2,067	52.00
53.00	05300	ANESTHESIOLOGY	0.040433	23,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249402	38,892	54.00
54.01	05401	ULTRASOUND	0.107573	4,174	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122399	0	55.00
56.00	05600	RADIOISOTOPE	0.089492	2,378	56.00
57.00	05700	CT SCAN	0.017555	84,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.029820	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090381	2	59.00
60.00	06000	LABORATORY	0.139384	999,447	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.430816	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.215744	21,852	65.00
66.00	06600	PHYSICAL THERAPY	0.509104	15,274	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092776	42,440	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306764	46,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.622320	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.222492	600,192	73.00
74.00	07400	RENAL DIALYSIS	0.253370	14	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.592075	110	75.00
76.00	03020	CARDIAC REHAB	0.851634	0	76.00
76.01	03030	GI LAB	0.140899	7,484	76.01
76.02	03040	ECT	0.285254	38,936	76.02
76.03	03050	OP PSYCH	0.360945	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.208655	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.929051	0	90.01
91.00	09100	EMERGENCY	0.253705	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260963	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.480583	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,947,835	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,947,835	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		19,749,852	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		65,803,731	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		4,429,791	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		54,904,882	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		794.24	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		95.60	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		10.52	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		85.08	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		93.86	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.00	11.00
12.00	Current year allowable FTE (see instructions)		88.08	12.00
13.00	Total allowable FTE count for the prior year.		87.99	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		87.91	14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.99	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		87.99	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.110785	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.113927	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.110785	21.00
22.00	IME payment adjustment (see instructions)		5,020,712	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,222,093	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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)		8.78	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		5,020,712	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,222,093	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.08	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.40	31.00
32.00	Sum of lines 30 and 31		27.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.89	33.00
34.00	Disproportionate share adjustment (see instructions)		2,543,080	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/26/2018 9:25 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.001191543	0.001265186	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		7,122,430	8,561,128	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,795,244	6,403,253	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,198,497		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		105,745,663		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)			108,967,756	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,198,732	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			2,677,366	52.00
53.00	Nursing and Allied Health Managed Care payment			38,525	53.00
54.00	Special add-on payments for new technologies			5,250	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			44,803	58.00
59.00	Total (sum of amounts on lines 49 through 58)			119,932,432	59.00
60.00	Primary payer payments			402,801	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			119,529,631	61.00
62.00	Deductibles billed to program beneficiaries			7,940,729	62.00
63.00	Coinurance billed to program beneficiaries			511,580	63.00
64.00	Allowable bad debts (see instructions)			1,624,140	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,055,691	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			972,345	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			112,133,013	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			369,234	70.93
70.94	HRR adjustment amount (see instructions)			-145,474	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/26/2018 9:25 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			112,356,773	71.00
71.01	Sequestration adjustment (see instructions)			2,247,135	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			111,327,272	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)			-1,217,634	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,372,291	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	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	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/26/2018 9:25 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,749,852	0	19,749,852		19,749,852	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	65,803,731	0		65,803,731	65,803,731	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,429,791	0	1,210,191	3,219,600	4,429,791	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	54,904,882	0	9,038,472	45,866,409	54,904,881	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.110785	0.110785	0.110785	0.110785		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,020,712	0	1,159,020	3,861,692	5,020,712	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,222,093	0	0	3,222,093	3,222,093	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,020,712	0	1,159,020	3,861,692	5,020,712	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,222,093	0	0	3,222,093	3,222,093	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1189	0.1189	0.1189	0.1189		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,543,080	0	587,064	1,956,016	2,543,080	11.00
11.01	Uncompensated care payments	36.00	8,198,497	0	1,795,244	6,403,253	8,198,497	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	105,745,663	0	24,501,371	81,244,292	105,745,663	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	108,967,756	0	24,501,371	84,466,385	108,967,756	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	8,198,732	0	10,114,417	-1,915,685	8,198,732	16.00
17.00	Special add-on payments for new technologies	54.00	5,250	0	0	5,250	5,250	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/26/2018 9:25 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	34,615,788	82,555,950	117,171,738	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,904,344	0	8,490,882	-1,586,538	6,904,344	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	580,479	0	745,578	-165,099	580,479	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0462	0.0462	0.0462	0.0462		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	318,981	0	392,279	-73,298	318,981	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0572	0.0572	0.0572	0.0572		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	394,928	0	485,678	-90,750	394,928	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,198,732	0	10,114,417	-1,915,685	8,198,732	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2018 9:25 am	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,749,852	19,749,852		19,749,852	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	65,803,731		65,803,731	65,803,731	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	4,429,791	1,210,191	3,219,600	4,429,791	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	54,904,882	9,038,472	45,866,409	54,904,881	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.110785	0.110785	0.110785		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,020,712	1,159,020	3,861,692	5,020,712	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,222,093	530,423	2,691,670	3,222,093	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,020,712	1,159,020	3,861,692	5,020,712	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,222,093	530,423	2,691,670	3,222,093	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1189	0.1189	0.1189		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,543,080	587,064	1,956,016	2,543,080	11.00
11.01	Uncompensated care payments	36.00	8,198,497	1,795,244	6,403,253	8,198,497	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	105,745,663	24,501,371	81,244,292	105,745,663	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	108,967,756	25,031,794	83,935,962	108,967,756	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,198,732	10,114,417	-1,915,685	8,198,732	16.00
17.00	Special add-on payments for new technologies	54.00	5,250	0	5,250	5,250	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	<b>SUBTOTAL</b>			35,146,211	82,025,527	117,171,738	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2018 9:25 am
Title XVIII			Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	6,904,344	8,490,882	-1,586,538	6,904,344	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	580,479	745,578	-165,099	580,479	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	0.0462	0.0462	0.0462		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	318,981	392,279	-73,298	318,981	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0572	0.0572	0.0572		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	394,928	485,678	-90,750	394,928	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,198,732	10,114,417	-1,915,685	8,198,732	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	369,234	48,843	320,391	369,234	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	-145,474	-92,826	-52,648	-145,474	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		103,187	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		68,844,673	2.00
3.00	OPPS payments		66,533,188	3.00
4.00	Outlier payment (see instructions)		172,352	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		50,355	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		103,187	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		437,153	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)		437,153	14.00
<b>Customary charges</b>				
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)		437,153	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		333,966	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)		103,187	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		66,755,895	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,672	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		11,940,183	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		54,915,227	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,583,351	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		56,498,578	30.00
31.00	Primary payer payments		82,598	31.00
32.00	Subtotal (line 30 minus line 31)		56,415,980	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		750,666	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		487,933	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		209,060	36.00
37.00	Subtotal (see instructions)		56,903,913	37.00
38.00	MSP-LCC reconciliation amount from PS&R		815	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)		5,325	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		56,903,098	40.00
40.01	Sequestration adjustment (see instructions)		1,138,062	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		55,210,298	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		554,738	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0020		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/26/2018 9:25 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		110,862,872		55,210,298	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	01/30/2018	464,400		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)		464,400		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)		111,327,272		55,210,298	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		554,738	6.01	
6.02	SETTLEMENT TO PROGRAM		1,217,634		0	6.02	
7.00	Total Medicare program liability (see instructions)		110,109,638		55,765,036	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0020 Component CCN: 26-S020		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/26/2018 9:25 am	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,479,605			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)		1,479,605			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		18,214			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		1,497,819			0	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0020 Component CCN: 26-S020	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,698,967 1.00
2.00	Net IPF PPS Outlier Payments			16,968 2.00
3.00	Net IPF PPS ECT Payments			18,419 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.30 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.23 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.23 8.00
9.00	Average Daily Census (see instructions)			11.186301 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$ .			0.010537 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			17,902 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,752,256 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,752,256 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,752,256 18.00
19.00	Deductibles			179,053 19.00
20.00	Subtotal (line 18 minus line 19)			1,573,203 20.00
21.00	Coinurance			45,475 21.00
22.00	Subtotal (line 20 minus line 21)			1,527,728 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,527,728 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			659 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,528,387 31.00
31.01	Sequestration adjustment (see instructions)			30,568 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,479,605 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			18,214 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			16,968 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/26/2018 9:25 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			99.69	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.01	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			94.18	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	60.53	26.46	86.99	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	57.00	24.91	81.91	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	57.00	27.91		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.69	29.08		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.49	29.09		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.06	28.69		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	57.06	28.69		17.00
18.00	Per resident amount	142,474.27	141,712.33		18.00
19.00	Approved amount for resident costs	8,129,582	4,065,727	12,195,309	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)			5.50	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			108,053.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			12,195,309	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	46,298	29,342		26.00
27.00	Total Inpatient Days (see instructions)	204,635	204,635		27.00
28.00	Ratio of inpatient days to total inpatient days	0.226247	0.143387		28.00
29.00	Program direct GME amount	2,759,152	1,748,649		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		247,084		30.00
31.00	Net Program direct GME amount			4,260,717	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		7,244,506	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		116,935,623	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)		402,801	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		116,532,822	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		68,998,215	42.00
43.00	Primary payer payments (see instructions)		82,598	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		68,915,617	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		185,448,439	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.628384	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.371616	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,260,717	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,677,366	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,583,351	50.00

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

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G  
Date/Time Prepared:  
11/26/2018 9:25 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	23,810,830	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	334,662,434	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-188,337,653	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	15,775,785	0	0	0	8.00
9.00	Other current assets	1,107,493	0	0	0	9.00
10.00	Due from other funds	22,230,669	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	209,249,558	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	18,867,336	0	0	0	14.00
15.00	Buildings	-9,678,449	0	0	0	15.00
16.00	Accumulated depreciation	835,517,976	0	0	0	16.00
17.00	Leasehold improvements	-514,388,363	0	0	0	17.00
18.00	Accumulated depreciation	5,273,449	0	0	0	18.00
19.00	Fixed equipment	-147,592	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	281,614,456	0	0	0	24.00
25.00	Minor equipment depreciable	-226,849,190	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	390,209,623	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	3,163,211	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	16,288,228	3,163,211	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,451,439	3,163,211	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	618,910,620	3,163,211	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,830,379	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,322,499	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	126,815	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,914,958	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,194,651	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,082,296	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,055,332	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,137,628	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	28,332,279	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	590,578,341				52.00
53.00	Specific purpose fund		3,163,211			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)	590,578,341	3,163,211	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	618,910,620	3,163,211	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-1

Date/Time Prepared:  
11/26/2018 9:25 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		577,989,507		3,659,378	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		208,165,472			2.00
3.00	Total (sum of line 1 and line 2)		786,154,979		3,659,378	3.00
4.00	INVESTMENT INCOME	0		227,876		4.00
5.00	DONATIONS	0		790,220		5.00
6.00	TRANSFER	2,949,442		0		6.00
7.00	TRANSFER	63,193		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,012,635		1,018,096	10.00
11.00	Subtotal (line 3 plus line 10)		789,167,614		4,677,474	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00	EXPENSES	0		1,458,853		14.00
15.00		0		0		15.00
16.00	FIXED ASSETS PURCHASED	0		55,410		16.00
17.00	OTHER FUND BALANCE	190,415,850		0		17.00
18.00	Total deductions (sum of lines 12-17)		190,415,850		1,514,263	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		598,751,764		3,163,211	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	INVESTMENT INCOME		0			4.00
5.00	DONATIONS		0			5.00
6.00	TRANSFER		0			6.00
7.00	TRANSFER		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00	EXPENSES		0			14.00
15.00			0			15.00
16.00	FIXED ASSETS PURCHASED		0			16.00
17.00	OTHER FUND BALANCE		0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/26/2018 9:25 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	375,183,209		375,183,209	1.00
2.00	SUBPROVIDER - IPF	4,153,961		4,153,961	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	379,337,170		379,337,170	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	98,980,371		98,980,371	11.00
12.00	CORONARY CARE UNIT	19,822,512		19,822,512	12.00
13.00	BURN INTENSIVE CARE UNIT	12,492,811		12,492,811	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	129,802,934		129,802,934	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	261,098,628		261,098,628	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	640,435,798		640,435,798	17.00
18.00	Ancillary services	1,084,532,156	0	1,084,532,156	18.00
19.00	Outpatient services	0	1,989,927,682	1,989,927,682	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,724,967,954	1,989,927,682	3,714,895,636	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		923,135,668		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	REHAB HOSPITAL JOINT VENTURE	64,620			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)		64,620		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		923,071,048		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-3

Date/Time Prepared:  
11/26/2018 9:25 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,714,895,636	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,617,415,399	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,097,480,237	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	923,071,048	4.00
5.00	Net income from service to patients (line 3 minus line 4)	174,409,189	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	2,530,346	6.00
7.00	Income from investments	7,383,717	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	7,102,492	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	49,776	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,900,022	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	2,114,345	20.00
21.00	Rental of vending machines	308,450	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUES	12,367,135	24.00
25.00	Total other income (sum of lines 6-24)	33,756,283	25.00
26.00	Total (line 5 plus line 25)	208,165,472	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	208,165,472	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0020	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/26/2018 9:25 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		6,904,344	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		580,479	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)		549.46	3.00
4.00	Number of interns & residents (see instructions)		87.99	4.00
5.00	Indirect medical education percentage (see instructions)		4.62	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)		318,981	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.08	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.40	8.00
9.00	Sum of lines 7 and 8		27.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.72	10.00
11.00	Disproportionate share adjustment (see instructions)		394,928	11.00
12.00	Total prospective capital payments (see instructions)		8,198,732	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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