

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/24/2019 2:33 pm
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PART I - COST REPORT STATUS

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: 5/24/2019 Time: 2:33 pm
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 CHRISTIAN HOSPITAL NORTHEAST (26-0180) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	555,767	-41,607	0	0	1.00
2.00 Subprovider - IPF	0	0	0			0 2.00
3.00 Subprovider - IRF	0	9,516	0			0 3.00
5.00 Swing bed - SNF	0	0	0			0 5.00
6.00 Swing bed - NF	0	0	0			0 6.00
200.00 Total	0	565,283	-41,607	0	0	0 200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 2:32 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO		4.00 Zip Code: 63136- County: ST. LOUIS				
1.00 Street: 11133 DUNN 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		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	REHAB	26T180	41180	5	12/08/1983	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					From:		To:			
					1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2018		12/31/2018		20.00	
21.00	Type of Control (see instructions)				2				21.00	
					1.00		2.00		3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				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		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.	7,667	1,395	171	256	1,535	0			24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 2:32 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	252	127	18	7	23		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria 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	

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.99	0.000000	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)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.23	1.57	0.127778		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.02	0.00	1.000000	67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 2:32 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	1,255,390	1,508,000		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		269026		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 2:32 pm			
1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 4901 FOREST PARK BLVD	PO Box:					
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108				
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
					1.00		
					2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
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	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00	169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/24/2018	10/21/2018	170.00	
					1.00		
					2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/24/2019 2:32 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/24/2019	Y	04/24/2019		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/24/2019 2:32 pm	
		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
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAUL		BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419		PAUL.BRADSHAW@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part V Date/Time Prepared: 5/24/2019 2:32 pm
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		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PAUL.BRADSHAW@BJC.ORG	6.00
7.00	Department	BJC @ THE COMMONS	7.00
8.00	Mailing Address 1	MAI STOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVE	9.00
10.00	City	ST. LOUIS	10.00
11.00	State		MO 11.00
12.00	Zip	63110	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2019 2:32 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	N	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	185	67,525	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)		185	67,525	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	2	730	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		205	74,825	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		223				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	21,387	7,058	55,274			1.00
2.00	HMO and other (see instructions)	14,133	3,253				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	720	16				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)	21,387	7,058	55,274			7.00
8.00	INTENSIVE CARE UNIT	2,404	581	5,578			8.00
9.00	CORONARY CARE UNIT	177	132	516			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	23,968	7,771	61,368	0.00	1,608.80	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,483	411	3,596	0.00	16.20	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,625.00	27.00
28.00	Observation Bed Days		0	4,748			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			384			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,372	1,712	12,659	1.00
2.00 HMO and other (see instructions)			2,575	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,372	1,712	12,659	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	117	31	279	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	97,776,973	-35,277	97,741,696	3,346,283.00	29.21
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		278,807	0	278,807	1,873.00	148.86
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		195,204	0	195,204	2,138.00	91.30
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		122,362	0	122,362	4,024.00	30.41
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,574,108	329,237	7,903,345	336,142.00	23.51
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		8,259,707	0	8,259,707	119,644.00	69.04
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		919,915	0	919,915	7,310.00	125.84
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		18,984,058	0	18,984,058	413,158.00	45.95
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,634,615	0	30,634,615		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,706,624	0	2,706,624		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		95,482	0	95,482		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		66,851	0	66,851		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,695,283	0	4,695,283		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,256,288	500	1,256,788	35,867.00	35.04
27.00	Administrative & General	5.00	8,987,114	-110,440	8,876,674	318,758.00	27.85

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		3,906,984	0	3,906,984	37,718.00	103.58	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,558,682	0	2,558,682	101,060.00	25.32	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,656,311	1,000	2,657,311	196,626.00	13.51	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,962,416	187,746	4,150,162	0.00	0.00	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	4,250,930	4,500	4,255,430	125,665.00	33.86	38.00
39.00	Central Services and Supply	14.00	517,774	1,000	518,774	24,552.00	21.13	39.00
40.00	Pharmacy	15.00	3,386,517	-199,652	3,186,865	77,575.00	41.08	40.00
41.00	Medical Records & Medical Records Library	16.00	2,892,027	0	2,892,027	80,653.00	35.86	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2019 2:32 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,328,807	152,469	105,481,276	3,377,839.00	31.23	1.00
2.00	Excluded area salaries (see instructions)	7,574,108	329,237	7,903,345	336,142.00	23.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	97,754,699	-176,768	97,577,931	3,041,697.00	32.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,163,680	0	28,163,680	540,112.00	52.14	4.00
5.00	Subtotal wage-related costs (see inst.)	35,425,380	0	35,425,380	0.00	36.30	5.00
6.00	Total (sum of lines 3 thru 5)	161,343,759	-176,768	161,166,991	3,581,809.00	45.00	6.00
7.00	Total overhead cost (see instructions)	34,375,043	-115,346	34,259,697	998,474.00	34.31	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,394,527	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	11,217,276	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,342,945	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	433,852	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	74,790	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)	914,184	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,196,053	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,079,094	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	22,868	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	373,867	22.00
23.00	Tuition Reimbursement	451,432	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	33,500,888	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	8,261,273	33,500,888	1.00
2.00	Hospital	8,261,273	33,500,888	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/24/2019 2:32 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.252744	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,201,885	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		23,177,461	5.00	
6.00	Medicaid charges		162,035,414	6.00	
7.00	Medicaid cost (line 1 times line 6)		40,953,479	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		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		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)		0	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)	69,090,465	5,046,742	74,137,207	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,462,200	5,046,742	22,508,942	21.00
22.00	Payments received from patients for amounts previously written off as charity care	103,765	80,069	183,834	22.00
23.00	Cost of charity care (line 21 minus line 22)	17,358,435	4,966,673	22,325,108	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)		40,868,418	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,699,286	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,614,287	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		38,254,131	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		10,583,503	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		32,908,611	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		32,908,611	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/24/2019 2:32 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	2,309,444	2,309,444	1.00
1.01	00101	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD		0	0	42,531	42,531	1.03
1.05	00105	NEW CAP REL COSTS-POB I		0	0	185,336	185,336	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		0	0	43,015	43,015	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		0	0	341,628	341,628	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	11,085,630	11,085,630	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,256,288	2,205,587	3,461,875	-66,358	3,395,517	4.00
5.01	00570	ADMINISTRATION	2,350,619	903,003	3,253,622	-8,557	3,245,065	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	90,186	90,186	-1,588	88,598	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	6,636,495	66,535,986	73,172,481	-9,723,256	63,449,225	5.04
7.00	00700	OPERATION OF PLANT	2,252,052	4,421,895	6,673,947	-47,813	6,626,134	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	5,795	5,795	247,229	253,024	7.01
7.02	00702	OPERATION OF PLANT NW	306,630	507,398	814,028	-266	813,762	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,080,875	1,080,875	0	1,080,875	8.00
9.00	00900	HOUSEKEEPING	2,264,299	1,993,507	4,257,806	-5,116	4,252,690	9.00
9.01	00901	HOUSEKEEPING-POB I	111,447	86,649	198,096	0	198,096	9.01
9.02	00902	HOUSEKEEPING NW	280,565	221,764	502,329	-1,921	500,408	9.02
10.00	01000	DIETARY	0	6,163,865	6,163,865	-238,499	5,925,366	10.00
11.00	01100	CAFETERIA	0	90,713	90,713	-864	89,849	11.00
13.00	01300	NURSING ADMINISTRATION	4,250,930	2,924,836	7,175,766	-97,791	7,077,975	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	517,774	1,093,097	1,610,871	-513,392	1,097,479	14.00
15.00	01500	PHARMACY	3,386,517	9,568,138	12,954,655	-8,493,056	4,461,599	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,892,027	1,670,921	4,562,948	-16,768	4,546,180	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	122,362	122,362	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	78,018	78,018	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	267,759	267,759	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,138,698	15,756,578	35,895,276	-936,980	34,958,296	30.00
31.00	03100	INTENSIVE CARE UNIT	4,610,642	2,788,612	7,399,254	-489,019	6,910,235	31.00
32.00	03200	CORONARY CARE UNIT	301,539	190,797	492,336	-40,834	451,502	32.00
41.00	04100	SUBPROVIDER - I RF	907,064	468,215	1,375,279	28,542	1,403,821	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,459,780	22,381,408	28,841,188	-16,378,830	12,462,358	50.00
51.00	05100	RECOVERY ROOM	754,647	497,582	1,252,229	-34,995	1,217,234	51.00
53.00	05300	ANESTHESIOLOGY	0	2,309,288	2,309,288	-306,664	2,002,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,393,662	4,442,206	8,835,868	-823,118	8,012,750	54.00
57.00	05700	CT SCAN	992,767	826,540	1,819,307	-157,482	1,661,825	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	324,622	113,158	437,780	-21,859	415,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,205,146	9,862,380	11,067,526	-8,444,918	2,622,608	59.00
60.00	06000	LABORATORY	4,005,874	6,721,409	10,727,283	-738,600	9,988,683	60.00
60.01	06001	G.I. LAB	700,133	1,109,046	1,839,179	-600,900	1,238,279	60.01
60.02	06002	VASCULAR LAB	249,822	131,577	381,399	-28,288	353,111	60.02
60.03	06003	LABORATORY-PATHOLOGY	549,545	786,939	1,336,484	189,092	1,525,576	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	417,028	1,675,313	2,092,341	344,325	2,436,666	63.00
65.00	06500	RESPIRATORY THERAPY	3,256,525	1,666,048	4,922,573	-34,901	4,887,672	65.00
66.00	06600	PHYSICAL THERAPY	2,703,396	1,050,874	3,754,270	-245,261	3,509,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	914,139	259,952	1,174,091	181,470	1,355,561	67.00
68.00	06800	SPEECH PATHOLOGY	252,957	70,409	323,366	50,812	374,178	68.00
69.00	06900	ELECTROCARDIOLOGY	606,816	345,385	952,201	-88,835	863,366	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	335,779	182,423	518,202	-20,337	497,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,407,577	11,407,577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,198,680	16,198,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,641,692	7,641,692	73.00
74.00	07400	RENAL DIALYSIS	0	1,699,389	1,699,389	-26,481	1,672,908	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	617,809	1,587,112	2,204,921	-15,265	2,189,656	76.01
76.03	03550	OP PSYCH	461,118	233,949	695,067	-3,172	691,895	76.03
76.04	03020	CARDIAC REHAB	219,234	78,607	297,841	-1,364	296,477	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	231,003	231,003	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,195,544	6,091,760	15,287,304	-1,328,005	13,959,299	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,712,500	4,326,602	10,039,102	-578,059	9,461,043	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	96,822,429	187,217,773	284,040,202	458,507	284,498,709	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,070	725,816	774,886	0	774,886	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	138,004	138,004	-1,441	136,563	190.09
190.10	19010 RETAIL PHARMACY	279,790	1,208,736	1,488,526	-866	1,487,660	190.10
190.11	19011 PUBLIC RELATIONS	256,417	979,914	1,236,331	0	1,236,331	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	270,294	204,837	475,131	-800	474,331	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	28,964	576,883	605,847	-432,565	173,282	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	70,009	335,315	405,324	-22,835	382,489	192.01
200.00	TOTAL (SUM OF LINES 118 through 199)	97,776,973	191,387,278	289,164,251	0	289,164,251	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,066,090	5,375,534	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	42,531	1.03
1.05	00105	NEW CAP REL COSTS-POB I	54,605	239,941	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	2,140	45,155	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	458,865	800,493	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,552,009	12,637,639	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	553,355	3,948,872	4.00
5.01	00570	ADMINISTRATIVE	-151,670	3,093,395	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	88,598	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	2,239,357	65,688,582	5.04
7.00	00700	OPERATION OF PLANT	-171,787	6,454,347	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	253,024	7.01
7.02	00702	OPERATION OF PLANT NW	-19,753	794,009	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,080,875	8.00
9.00	00900	HOUSEKEEPING	-145,979	4,106,711	9.00
9.01	00901	HOUSEKEEPING-POB I	-7,182	190,914	9.01
9.02	00902	HOUSEKEEPING NW	-18,080	482,328	9.02
10.00	01000	DIETARY	-772	5,924,594	10.00
11.00	01100	CAFETERIA	-1,348,068	-1,258,219	11.00
13.00	01300	NURSING ADMINISTRATION	-274,533	6,803,442	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-33,431	1,064,048	14.00
15.00	01500	PHARMACY	-236,786	4,224,813	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-272,432	4,273,748	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01850	RESEARCH ADMIN	10,364	10,364	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	122,362	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	-4,034	73,984	23.00
23.01	02301	PARAMED PRGM PHARMACY	-13,027	254,732	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,870,871	30,087,425	30.00
31.00	03100	INTENSIVE CARE UNIT	-297,229	6,613,006	31.00
32.00	03200	CORONARY CARE UNIT	-19,432	432,070	32.00
41.00	04100	SUBPROVIDER - I RF	-58,581	1,345,240	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-665,103	11,797,255	50.00
51.00	05100	RECOVERY ROOM	-48,630	1,168,604	51.00
53.00	05300	ANESTHESIOLOGY	-1,556,972	445,652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,117,870	6,894,880	54.00
57.00	05700	CT SCAN	-63,975	1,597,850	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-20,919	395,002	58.00
59.00	05900	CARDIAC CATHETERIZATION	-77,661	2,544,947	59.00
60.00	06000	LABORATORY	398,399	10,387,082	60.00
60.01	06001	G. I. LAB	-47,051	1,191,228	60.01
60.02	06002	VASCULAR LAB	-16,099	337,012	60.02
60.03	06003	LABORATORY-PATHOLOGY	-14,701	1,510,875	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-16,938	2,419,728	63.00
65.00	06500	RESPIRATORY THERAPY	-210,193	4,677,479	65.00
66.00	06600	PHYSICAL THERAPY	-184,576	3,324,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	-68,276	1,287,285	67.00
68.00	06800	SPEECH PATHOLOGY	-18,893	355,285	68.00
69.00	06900	ELECTROCARDIOLOGY	-39,104	824,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-21,638	476,227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,407,577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,198,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,641,692	73.00
74.00	07400	RENAL DIALYSIS	0	1,672,908	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-715,709	1,473,947	76.01
76.03	03550	OP PSYCH	-29,761	662,134	76.03
76.04	03020	CARDIAC REHAB	-14,128	282,349	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	-4,902	226,101	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-593,282	13,366,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,008,759	8,452,284	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,163,603	278,335,106	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,162	771,724	190.00
190.01	19001	VISITOR MEALS	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	190.08
190.09	19009	CATERING	0	136,563	190.09
190.10	19010	RETAIL PHARMACY	-18,030	1,469,630	190.10
190.11	19011	PUBLIC RELATIONS	-16,524	1,219,807	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	-17,418	456,913	190.12
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,866	171,416	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	-4,511	377,978	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,225,114	282,939,137	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet Non-CMS W
Date/Time Prepared: 5/24/2019 2:32 pm				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	00590		5.03
5.04	ADMINISTRATIVE AND GENERAL	00591		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED PRGM PASTORAL CARE	02300		23.00
23.01	PARAMED PRGM PHARMACY	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.00
76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	03480	ONCOLOGY	76.01
76.03	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	CARDIAC REHAB	03020	ACUPUNCTURE	76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet Non-CMS W
Date/Time Prepared:
5/24/2019 2:32 pm

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

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
5/24/2019 2:32 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS PHARMACY RESIDENT PROGRAM						
1.00	PARAMED ED PRGM PHARMACY	23.01	202,152	65,607	1.00	
	O		202,152	65,607		
B - TO RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	339,967	1.00	
	O		0	339,967		
C - TO RECLASS PHARMACEUTICALS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,641,692	1.00	
	O		0	7,641,692		
D - TO RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,628,898	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
	O		0	27,628,898		
E - TO RECLASS PROF FEES FOR REHAB DIR						
1.00	SUBPROVIDER - IRF	41.00	57,987	0	1.00	
	O		57,987	0		
F - TO RECLASS HYPERBARIC OXYGEN						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	76,076	154,927	1.00	
	O		76,076	154,927		
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	G.I. LAB	60.01	10,240	0	1.00	
	O		10,240	0		
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	OPERATING ROOM	50.00	0	55,000	1.00	
	O		0	55,000		
I - TO RECLASS POB 1 EXPENSES						
1.00	NEW CAP REL COSTS-POB I	1.05	0	185,336	1.00	
2.00	OPERATION OF PLANT- POB I	7.01	0	247,229	2.00	
	O		0	432,565		
J - TO RECLASS PURCHASING VARIANCE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,974	1.00	
	O		0	27,974		
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,138,529	1.00	
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00	
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00	
4.00	NEW CAP REL COSTS-PFD	1.03	0	33,489	4.00	
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	20,180	5.00	
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	328,129	6.00	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,939,119	7.00	
	O		0	13,481,220		
L - TO RECLASS INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	122,362	1.00	
	O		0	122,362		
M - TO RECLASS CHIEF OF SURGERY						
1.00	OPERATING ROOM	50.00	14,700	0	1.00	
	O		14,700	0		
N - TO RECLASS IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,198,680	1.00	
	O		0	16,198,680		
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY-PATHOLOGY	60.03	77,912	136,978	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	59,144	291,612	2.00	
	O		137,056	428,590		

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
5/24/2019 2:32 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
P - TO RECLASS REHAB ADMIN FEES					
1.00	OCCUPATIONAL THERAPY	67.00	145,372	40,532	1.00
2.00	SPEECH PATHOLOGY	68.00	40,227	10,978	2.00
	0		185,599	51,510	
Q - TO RECLASS ADMISSION KITS					
1.00	ADULTS & PEDIATRICS	30.00	0	22,153	1.00
2.00	SUBPROVIDER - IRF	41.00	0	488	2.00
	0		0	22,641	
R - TO RECLASS DEPARTMENTAL DEPRECIATION					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,341,350	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
	0		0	4,341,350	
S - PASTORAL RESIDENT RECLASS					
1.00	PARAMEDICAL PRGM PASTORAL CARE	23.00	62,598	15,420	1.00
	0		62,598	15,420	
T - RECLASS GRAHAM MOB					
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	22,835	1.00
	0		0	22,835	
U - TO RECLASS RELOCATION EXPENSE					
1.00	ADMINISTRATIVE AND GENERAL	5.04	31,585	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	2,000	0	2.00
	TOTALS		33,585	0	
V - TO RECLASS REFERRAL BONUSES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	1.00
2.00	ADMINISTRATIVE	5.01	3,000	0	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	500	0	3.00
4.00	HOUSEKEEPING	9.00	1,000	0	4.00
5.00	NURSING ADMINISTRATION	13.00	4,500	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	1,000	0	6.00
7.00	PHARMACY	15.00	2,500	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	10,500	0	8.00

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6

Date/Time Prepared:
5/24/2019 2:32 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00	INTENSIVE CARE UNIT	31.00	1,750	0		9.00
10.00	SUBPROVIDER - IRF	41.00	2,000	0		10.00
11.00	OPERATING ROOM	50.00	3,500	0		11.00
12.00	LABORATORY	60.00	500	0		12.00
13.00	RESPIRATORY THERAPY	65.00	5,250	0		13.00
14.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	1,500	0		14.00
15.00	EMERGENCY	91.00	11,000	0		15.00
16.00	AMBULANCE SERVICES	95.00	4,500	0		16.00
	TOTALS		53,500	0		
500.00	Grand Total: Increases		833,493	71,031,238		500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
5/24/2019 2:32 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - TO RECLASS PHARMACY RESIDENT PROGRAM						
1.00	PHARMACY	15.00	202,152	65,607	0	1.00
	O		202,152	65,607		
B - TO RECLASS PROPERTY INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	339,967	0	1.00
	O		0	339,967		
C - TO RECLASS PHARMACEUTICALS						
1.00	PHARMACY	15.00	0	7,641,692	0	1.00
	O		0	7,641,692		
D - TO RECLASS MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	822,926	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	446,672	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	36,160	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	20,683	0	4.00
5.00	EMERGENCY	91.00	0	629,421	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	504,110	0	6.00
7.00	PHARMACY	15.00	0	556,538	0	7.00
8.00	OPERATING ROOM	50.00	0	15,382,167	0	8.00
9.00	RECOVERY ROOM	51.00	0	27,416	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	265,168	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	450,530	0	11.00
12.00	CT SCAN	57.00	0	53,468	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	8,038,559	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	10,524	0	14.00
15.00	G.I. LAB	60.01	0	384,556	0	15.00
	O		0	27,628,898		
E - TO RECLASS PROF FEES FOR REHAB DIR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	57,987	0	0	1.00
	O		57,987	0		
F - TO RECLASS HYPERBARI C OXYGEN						
1.00	OPERATING ROOM	50.00	76,076	154,927	0	1.00
	O		76,076	154,927		
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	10,240	0	0	1.00
	O		10,240	0		
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	0	1.00
	O		0	55,000		
I - TO RECLASS POB 1 EXPENSES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	432,565	9	1.00
2.00		0.00	0	0	0	2.00
	O		0	432,565		
J - TO RECLASS PURCHASING VARIANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	27,974	0	1.00
	O		0	27,974		
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	13,481,220	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
	O		0	13,481,220		
L - TO RECLASS INTERNS AND RESIDENTS						
1.00	ADULTS & PEDIATRICS	30.00	122,362	0	0	1.00
	O		122,362	0		
M - TO RECLASS CHIEF OF SURGERY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	14,700	0	0	1.00
	O		14,700	0		
N - TO RECLASS IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,198,680	0	1.00
	O		0	16,198,680		
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY	60.00	137,056	428,590	0	1.00
2.00		0.00	0	0	0	2.00
	O		137,056	428,590		
P - TO RECLASS REHAB ADMIN FEES						
1.00	PHYSICAL THERAPY	66.00	185,599	51,510	0	1.00
2.00		0.00	0	0	0	2.00
	O		185,599	51,510		

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

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		
Q - TO RECLASS ADMISSION KITS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,641	0	1.00	
2.00	0	0.00	0	0	0	2.00	
	0		0	22,641			
R - TO RECLASS DEPARTMENTAL DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,358	0	1.00	
2.00	ADMINISTRATIVE	5.01	0	11,557	0	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,588	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	47,813	0	4.00	
5.00	OPERATION OF PLANT NW	7.02	0	266	0	5.00	
6.00	VASCULAR LAB	60.02	0	28,288	0	6.00	
7.00	HOUSEKEEPING	9.00	0	6,116	0	7.00	
8.00	HOUSEKEEPING NW	9.02	0	1,921	0	8.00	
9.00	DIETARY	10.00	0	238,499	0	9.00	
10.00	CAFETERIA	11.00	0	864	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	102,291	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,256	0	12.00	
13.00	PHARMACY	15.00	0	29,567	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	16,768	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	24,345	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	44,097	0	16.00	
17.00	CORONARY CARE UNIT	32.00	0	4,674	0	17.00	
18.00	SUBPROVIDER - IRF	41.00	0	11,250	0	18.00	
19.00	OPERATING ROOM	50.00	0	838,860	0	19.00	
20.00	RECOVERY ROOM	51.00	0	7,579	0	20.00	
21.00	ANESTHESIOLOGY	53.00	0	41,496	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	372,588	0	22.00	
23.00	CT SCAN	57.00	0	104,014	0	23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21,859	0	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	406,359	0	25.00	
26.00	LABORATORY	60.00	0	173,454	0	26.00	
27.00	G.I. LAB	60.01	0	226,584	0	27.00	
28.00	LABORATORY-PATHOLOGY	60.03	0	25,798	0	28.00	
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,431	0	29.00	
30.00	RESPIRATORY THERAPY	65.00	0	29,627	0	30.00	
31.00	PHYSICAL THERAPY	66.00	0	8,152	0	31.00	
32.00	OCCUPATIONAL THERAPY	67.00	0	4,434	0	32.00	
33.00	SPEECH PATHOLOGY	68.00	0	393	0	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	88,835	0	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,337	0	35.00	
36.00	RENAL DIALYSIS	74.00	0	26,481	0	36.00	
37.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	16,765	0	37.00	
38.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	800	0	38.00	
39.00	OP PSYCH	76.03	0	3,172	0	39.00	
40.00	CARDIAC REHAB	76.04	0	1,364	0	40.00	
41.00	EMERGENCY	91.00	0	709,584	0	41.00	
42.00	AMBULANCE SERVICES	95.00	0	582,559	0	42.00	
43.00	CATERING	190.09	0	1,441	0	43.00	
44.00	RETAIL PHARMACY	190.10	0	866	0	44.00	
	0		0	4,341,350			
S - PASTORAL RESIDENT RECLASS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	62,598	15,420	0	1.00	
	0		62,598	15,420			
T - RECLASS GRAHAM MOB							
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	22,835	9	1.00	
	0		0	22,835			
U - TO RECLASS RELOCATION EXPENSE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	31,585	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	2,000	0	2.00	
	TOTALS		0	33,585			
V - TO RECLASS REFERRAL BONUSES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	53,500	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

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			
7.00		0.00	0	0	0	0		7.00
8.00		0.00	0	0	0	0		8.00
9.00		0.00	0	0	0	0		9.00
10.00		0.00	0	0	0	0		10.00
11.00		0.00	0	0	0	0		11.00
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
	TOTALS		0	53,500				
500.00	Grand Total: Decreases		868,770	70,995,961				500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2019 2:32 pm

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS PHARMACY RESIDENT PROGRAM									
1.00	PARAMED ED PRGM PHARMACY	23.01	202,152	65,607	PHARMACY	15.00	202,152	65,607	1.00
	0		202,152	65,607	0		202,152	65,607	
B - TO RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	339,967	ADMINISTRATIVE AND GENERAL	5.04	0	339,967	1.00
	0		0	339,967	0		0	339,967	
C - TO RECLASS PHARMACEUTICALS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,641,692	PHARMACY	15.00	0	7,641,692	1.00
	0		0	7,641,692	0		0	7,641,692	
D - TO RECLASS MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,628,898	ADULTS & PEDIATRICS	30.00	0	822,926	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	446,672	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	36,160	3.00
4.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	20,683	4.00
5.00		0.00	0	0	EMERGENCY	91.00	0	629,421	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	504,110	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	556,538	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	15,382,167	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	27,416	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	265,168	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	450,530	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	53,468	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	8,038,559	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	10,524	14.00
15.00		0.00	0	0	G.I. LAB	60.01	0	384,556	15.00
	0		0	27,628,898	0		0	27,628,898	
E - TO RECLASS PROF FEES FOR REHAB DIR									
1.00	SUBPROVIDER - IRF	41.00	57,987	0	ADMINISTRATIVE AND GENERAL	5.04	57,987	0	1.00
	0		57,987	0	0		57,987	0	
F - TO RECLASS HYPERBARIC OXYGEN									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	76,076	154,927	OPERATING ROOM	50.00	76,076	154,927	1.00
	0		76,076	154,927	0		76,076	154,927	
G - TO RECLASS GI MEDICAL DIRECTOR									
1.00	G.I. LAB	60.01	10,240	0	ADMINISTRATIVE AND GENERAL	5.04	10,240	0	1.00
	0		10,240	0	0		10,240	0	
H - TO RECLASS CARDIOTHORACIC SURG FEES									
1.00	OPERATING ROOM	50.00	0	55,000	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	1.00
	0		0	55,000	0		0	55,000	
I - TO RECLASS POB 1 EXPENSES									
1.00	NEW CAP REL COSTS-POB I	1.05	0	185,336	PHYSICIANS' PRIVATE OFFICES	192.00	0	432,565	1.00
2.00	OPERATION OF PLANT-POB I	7.01	0	247,229		0.00	0	0	2.00
	0		0	432,565	0		0	432,565	
J - TO RECLASS PURCHASING VARIANCE									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,974	ADMINISTRATIVE AND GENERAL	5.04	0	27,974	1.00
	0		0	27,974	0		0	27,974	
K - TO RECLASS DEPRECIATION EXPENSE									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,138,529	ADMINISTRATIVE AND GENERAL	5.04	0	13,481,220	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		0.00	0	0	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		0.00	0	0	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	33,489		0.00	0	0	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	20,180		0.00	0	0	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	328,129		0.00	0	0	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,939,119		0.00	0	0	7.00
	0		0	13,481,220	0		0	13,481,220	

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2019 2:32 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
L - TO RECLASS INTERNS AND RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	122,362	ADULTS & PEDIATRICS	30.00	122,362	0	1.00
	0		0	122,362	0		122,362	0	
M - TO RECLASS CHIEF OF SURGERY									
1.00	OPERATING ROOM	50.00	14,700	0	ADMINISTRATIVE AND GENERAL	5.04	14,700	0	1.00
	0		14,700	0	0		14,700	0	
N - TO RECLASS IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,198,680	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,198,680	1.00
	0		0	16,198,680	0		0	16,198,680	
O - TO RECLASS LAB ADMIN COSTS									
1.00	LABORATORY-PATHOLOGY	60.03	77,912	136,978	LABORATORY	60.00	137,056	428,590	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	59,144	291,612		0.00	0	0	2.00
	0		137,056	428,590	0		137,056	428,590	
P - TO RECLASS REHAB ADMIN FEES									
1.00	OCCUPATIONAL THERAPY	67.00	145,372	40,532	PHYSICAL THERAPY	66.00	185,599	51,510	1.00
2.00	SPEECH PATHOLOGY	68.00	40,227	10,978		0.00	0	0	2.00
	0		185,599	51,510	0		185,599	51,510	
Q - TO RECLASS ADMISSION KITS									
1.00	ADULTS & PEDIATRICS	30.00	0	22,153	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,641	1.00
2.00	SUBPROVIDER - IRF	41.00	0	488		0.00	0	0	2.00
	0		0	22,641	0		0	22,641	
R - TO RECLASS DEPARTMENTAL DEPRECIATION									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,341,350	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,358	1.00
2.00		0.00	0	0	ADMITTING	5.01	0	11,557	2.00
3.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,588	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	47,813	4.00
5.00		0.00	0	0	OPERATION OF PLANT NW	7.02	0	266	5.00
6.00		0.00	0	0	VASCULAR LAB	60.02	0	28,288	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	6,116	7.00
8.00		0.00	0	0	HOUSEKEEPING NW	9.02	0	1,921	8.00
9.00		0.00	0	0	DIETARY	10.00	0	238,499	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	864	10.00
11.00		0.00	0	0	NURSING	13.00	0	102,291	11.00
12.00		0.00	0	0	ADMINISTRATION		0		
		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	38,256	12.00
13.00		0.00	0	0	PHARMACY	15.00	0	29,567	13.00
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	16,768	14.00
15.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	24,345	15.00
16.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	44,097	16.00
17.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	4,674	17.00
18.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	11,250	18.00
19.00		0.00	0	0	OPERATING ROOM	50.00	0	838,860	19.00
20.00		0.00	0	0	RECOVERY ROOM	51.00	0	7,579	20.00
21.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	41,496	21.00
22.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	372,588	22.00
23.00		0.00	0	0	CT SCAN	57.00	0	104,014	23.00
24.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21,859	24.00
25.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	406,359	25.00
26.00		0.00	0	0	LABORATORY	60.00	0	173,454	26.00
27.00		0.00	0	0	G.I. LAB	60.01	0	226,584	27.00
28.00		0.00	0	0	LABORATORY-PATHOLOGY	60.03	0	25,798	28.00
29.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,431	29.00
30.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	29,627	30.00
31.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	8,152	31.00
32.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	4,434	32.00
33.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	393	33.00
34.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	88,835	34.00
35.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	20,337	35.00
36.00		0.00	0	0	RENAL DIALYSIS	74.00	0	26,481	36.00
37.00		0.00	0	0	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	16,765	37.00

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2019 2:32 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
38.00		0.00	0	0	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	800	38.00
39.00		0.00	0	0	OP PSYCH	76.03	0	3,172	39.00
40.00		0.00	0	0	CARDIAC REHAB	76.04	0	1,364	40.00
41.00		0.00	0	0	EMERGENCY	91.00	0	709,584	41.00
42.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	582,559	42.00
43.00		0.00	0	0	CATERING	190.09	0	1,441	43.00
44.00		0.00	0	0	RETAIL PHARMACY	190.10	0	866	44.00
			0	4,341,350			0	4,341,350	
S - PASTORAL RESIDENT RECLASS									
1.00	PARAMED ED PRGM	23.00	62,598	15,420	ADMINISTRATIVE AND GENERAL	5.04	62,598	15,420	1.00
	PASTORAL CARE		62,598	15,420			62,598	15,420	
T - RECLASS GRAHAM MOB									
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	22,835	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	22,835	1.00
			0	22,835			0	22,835	
U - TO RECLASS RELOCATION EXPENSE									
1.00	ADMINISTRATIVE AND GENERAL	5.04	31,585	0	ADMINISTRATIVE AND GENERAL	5.04	0	31,585	1.00
2.00	ADULTS & PEDIATRICS	30.00	2,000	0	ADULTS & PEDIATRICS	30.00	0	2,000	2.00
	TOTALS		33,585	0	TOTALS		0	33,585	
V - TO RECLASS REFERRAL BONUSES									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	53,500	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.01	3,000	0		0.00	0	0	2.00
3.00	HOUSEKEEPING	5.04	500	0		0.00	0	0	3.00
4.00	NURSING	9.00	1,000	0		0.00	0	0	4.00
5.00	ADMINISTRATIVE AND GENERAL	13.00	4,500	0		0.00	0	0	5.00
6.00	PHARMACY	14.00	1,000	0		0.00	0	0	6.00
7.00	ADULTS & PEDIATRICS	15.00	2,500	0		0.00	0	0	7.00
8.00	INTENSIVE CARE UNIT	30.00	10,500	0		0.00	0	0	8.00
9.00	SUBPROVIDER - IRF	31.00	1,750	0		0.00	0	0	9.00
10.00	OPERATING ROOM	41.00	2,000	0		0.00	0	0	10.00
11.00	LABORATORY	50.00	3,500	0		0.00	0	0	11.00
12.00	RESPIRATORY THERAPY	60.00	500	0		0.00	0	0	12.00
13.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	65.00	5,250	0		0.00	0	0	13.00
14.00	EMERGENCY	76.01	1,500	0		0.00	0	0	14.00
15.00	AMBULANCE SERVICES	91.00	11,000	0		0.00	0	0	15.00
16.00	TOTALS	95.00	4,500	0		0.00	0	0	16.00
			53,500	0	TOTALS		0	53,500	
500.00	Grand Total: Increases		833,493	71,031,238	Grand Total: Decreases		868,770	70,995,961	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,240,325	0	0	0	1.00	
2.00	Land Improvements	7,143,227	183,954	0	183,954	2.00	
3.00	Buildings and Fixtures	35,531,403	217,740	0	217,740	3.00	
4.00	Building Improvements	50,973,938	108,820	0	108,820	4.00	
5.00	Fixed Equipment	81,536,515	245,583	0	245,583	5.00	
6.00	Movable Equipment	110,841,243	7,270,299	0	7,270,299	6.00	
7.00	HIT designated Assets	9,893,684	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	298,160,335	8,026,396	0	8,026,396	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	298,160,335	8,026,396	0	8,026,396	10.00	
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,240,325	0			1.00	
2.00	Land Improvements	6,293,044	0			2.00	
3.00	Buildings and Fixtures	34,331,150	0			3.00	
4.00	Building Improvements	43,508,351	0			4.00	
5.00	Fixed Equipment	77,027,951	0			5.00	
6.00	Movable Equipment	107,108,773	0			6.00	
7.00	HIT designated Assets	3,461,392	0			7.00	
8.00	Subtotal (sum of lines 1-7)	273,970,986	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	273,970,986	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	129,578,324	0	129,578,324	0.502737	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	6,855,368	0	6,855,368	0.026597	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	10,234,544	0	10,234,544	0.039708	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	111,077,610	0	111,077,610	0.430958	0	2.00
3.00	Total (sum of lines 1-2)	257,745,846	0	257,745,846	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	170,915	170,915	5,204,619	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	9,042	9,042	33,489	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	239,941	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	45,155	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	13,499	13,499	786,994	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	146,511	146,511	12,491,128	0	2.00
3.00	Total (sum of lines 1-2)	0	339,967	339,967	18,823,100	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	170,915	5,375,534	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	9,042	42,531	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	239,941	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	45,155	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	13,499	800,493	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	146,511	12,637,639	2.00
3.00	Total (sum of lines 1-2)	0	0	0	339,967	19,163,067	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/24/2019 2:32 pm

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	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			ONEW CAP REL COSTS-WHSE	1.01	0 1.01
1.02	Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			ONEW CAP REL COSTS-B BLDG	1.02	0 1.02
1.03	Investment income - NEW CAP REL COSTS-PFD (chapter 2)			ONEW CAP REL COSTS-PFD	1.03	0 1.03
1.05	Investment income - NEW CAP REL COSTS-POB I (chapter 2)			ONEW CAP REL COSTS-POB I	1.05	0 1.05
1.06	Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0 1.06
1.07	Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			ONEW CAP REL COSTS-NW BUILDING	1.07	0 1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-20,039	ADMINISTRATIVE AND GENERAL	5.04	0 7.00
8.00	Television and radio service (chapter 21)		0		0.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-7,136,965			0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,011,729			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,348,068	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00	25.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-WHSE			ONEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-B BLDG			ONEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03 Depreciation - NEW CAP REL COSTS-PFD			ONEW CAP REL COSTS-PFD	1.03	0	26.03
26.05 Depreciation - NEW CAP REL COSTS-POB I			ONEW CAP REL COSTS-POB I	1.05	0	26.05
26.06 Depreciation - NEW CAP REL COSTS-GRAHAM MOB			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07 Depreciation - NEW CAP REL COSTS-NW BUILDING			ONEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00 PENSION FUNDING	A	676,426	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 LOSS ON UNNECESSARY BORROWING	A	-183,678	ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02 NON ALLOWABLE ASSOC DUES	A	-24,752	ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03 OTHER REVENUE EMPLOYEE H&W	B	-41,941	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04 OTHER REVENUE PHARMACY	B	-31,420	PHARMACY	15.00	0	33.04
33.05 GYN PART B PHYSICIAN FEES	A	-81,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06 OTHER REVENUE P.T.	B	-18,242	PHYSICAL THERAPY	66.00	0	33.06
33.07 OTHER REVENUE LAB	B	-230	LABORATORY	60.00	0	33.07
33.08 OTHER REVENUE PATH LAB	B	-260	LABORATORY-PATHOLOGY	60.03	9	33.08
33.09 INTEREST ON UNNECESSARY BORROWING	A	-921,193	ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10 FIN COST ON UNNECESSARY BORROWING	A	12,196	ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11 OTHER REVENUE NURSING ADMIN	B	-250	NURSING ADMINISTRATION	13.00	0	33.11
33.12 OTHER REVENUE RADIOLOGY	B	-2,805	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	33.13
33.14 RESEARCH ADMIN COSTS	A	10,364	RESEARCH ADMIN	17.01	0	33.14
33.15 OTHER REVENUE OPERATING ROOM	B	-3,205	OPERATING ROOM	50.00	0	33.15
33.16 OTHER REVENUE PAIN MGMT	B	-1,020	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	33.16
33.17 OTHER REVENUE PLANT OPS	B	-26,374	OPERATION OF PLANT	7.00	0	33.17
33.18 MEDI CAID TAX ASSESSMENT	A	14,020,568	ADMINISTRATIVE AND GENERAL	5.04	0	33.18
33.19 MALPRACTICE ADJUSTMENT	A	-1,508,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20 A&G PHYSICIAN PART B FEES	A	-2,433,293	ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21 OTHER REVENUE AMBULANCE	B	-394,121	AMBULANCE SERVICES	95.00	0	33.21
33.22 OTHER REVENUE ADMIN	B	-751,210	ADMINISTRATIVE AND GENERAL	5.04	0	33.22
33.23 OTHER REVENUE MEDICAL RECORDS	B	-86,066	MEDICAL RECORDS & LIBRARY	16.00	0	33.23
33.24 ASSET IMPAIRMENT	A	-2,719,380	ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25 ASBESTOS REMOVAL	A	-152,420	ADMINISTRATIVE AND GENERAL	5.04	0	33.25
33.26 ASBESTOS REMOVAL	A	-288	OPERATION OF PLANT	7.00	0	33.26
33.27 CONTRIBUTIONS	A	-236	ADMINISTRATIVE AND GENERAL	5.04	0	33.27
33.28 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-9,127	ADMINISTRATIVE AND GENERAL	5.04	0	33.28
33.29 ACCELERATED DEPRECIATION	A	-620	ADMINISTRATIVE AND GENERAL	5.04	0	33.29
33.30 NON OPERATING REVENUE ADMIN	B	-9,346	ADMINISTRATIVE AND GENERAL	5.04	0	33.30
33.31 NON OPERATING GRANTS & DONATIONS	B	242,794	ADMINISTRATIVE AND GENERAL	5.04	0	33.31
33.32 PSYCH PART B FEES	A	-68,250	ADMINISTRATIVE AND GENERAL	5.04	0	33.32
33.33 ALCOHOLIC BEVERAGES	A	-91	OPERATING ROOM	50.00	9	33.33
33.34 ALCOHOLIC BEVARAGES	A	-418	ADMINISTRATIVE AND GENERAL	5.04	0	33.34
33.38 ALCOHOLIC BEVERAGES	A	-9	NURSING ADMINISTRATION	13.00	0	33.38

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.39 ALCOHOLIC BEVERAGES	A	-177	AMBULANCE SERVICES	95.00	0	33.39
33.40 ALCOHOLIC BEVERAGES	A	-772	DIETARY	10.00	0	33.40
33.41 ENTERTAINMENT EXPENSE	A	-13,336	ADMINISTRATIVE AND GENERAL	5.04	0	33.41
33.42 ENTERTAINMENT EXPENSE	A	-48	NURSING ADMINISTRATION	13.00	0	33.42
33.43 ENTERTAINMENT EXPENSE	A	-17	PHYSICAL THERAPY	66.00	0	33.43
33.44 ENTERTAINMENT EXPENSE	A	-46	OP PSYCH	76.03	0	33.44
34.00 ENTERTAINMENT EXPENSE	A	-141	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00 ENTERTAINMENT EXPENSE	A	-508	AMBULANCE SERVICES	95.00	0	35.00
36.00 ADVERTISING EXPENSE	A	-177	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	36.00
37.00 ADVERTISING EXPENSE	A	-15,986	ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00 ADVERTISING EXPENSE	A	-1,250	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
38.01 ADVERTISING EXPENSE	A	-4,067	PHYSICAL THERAPY	66.00	0	38.01
38.02 SELF FUNDED INSURANCE	A	-80,989	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.02
38.04 SELF FUNDED INSURANCE	A	-151,670	ADMINISTRATIVE	5.01	0	38.04
38.05 SELF FUNDED INSURANCE	A	-425,699	ADMINISTRATIVE AND GENERAL	5.04	0	38.05
38.06 SELF FUNDED INSURANCE	A	-145,125	OPERATION OF PLANT	7.00	0	38.06
38.07 SELF FUNDED INSURANCE	A	-19,753	OPERATION OF PLANT NW	7.02	0	38.07
38.08 SELF FUNDED INSURANCE	A	-145,979	HOUSEKEEPING	9.00	0	38.08
38.09 SELF FUNDED INSURANCE	A	-7,182	HOUSEKEEPING-POB I	9.01	0	38.09
38.10 SELF FUNDED INSURANCE	A	-18,080	HOUSEKEEPING NW	9.02	0	38.10
38.11 SELF FUNDED INSURANCE	A	-274,226	NURSING ADMINISTRATION	13.00	0	38.11
38.12 SELF FUNDED INSURANCE	A	-33,431	CENTRAL SERVICES & SUPPLY	14.00	0	38.12
38.13 SELF FUNDED INSURANCE	A	-205,366	PHARMACY	15.00	0	38.13
38.14 SELF FUNDED INSURANCE	A	-186,366	MEDICAL RECORDS & LIBRARY	16.00	0	38.14
38.15 SELF FUNDED INSURANCE	A	-4,034	PARAMEDICAL PRGM PASTORAL CARE	23.00	0	38.15
38.16 SELF FUNDED INSURANCE	A	-13,027	PARAMEDICAL PRGM PHARMACY	23.01	0	38.16
38.18 SELF FUNDED INSURANCE	A	-1,290,687	ADULTS & PEDIATRICS	30.00	0	38.18
38.19 SELF FUNDED INSURANCE	A	-297,229	INTENSIVE CARE UNIT	31.00	0	38.19
38.20 SELF FUNDED INSURANCE	A	-19,432	CORONARY CARE UNIT	32.00	0	38.20
38.21 SELF FUNDED INSURANCE	A	-58,581	SUBPROVIDER - IRF	41.00	0	38.21
38.22 SELF FUNDED INSURANCE	A	-411,600	OPERATING ROOM	50.00	0	38.22
38.24 SELF FUNDED INSURANCE	A	-48,630	RECOVERY ROOM	51.00	0	38.24
38.25 SELF FUNDED INSURANCE	A	-283,134	RADIOLOGY-DIAGNOSTIC	54.00	0	38.25
38.26 SELF FUNDED INSURANCE	A	-63,975	CT SCAN	57.00	0	38.26
38.27 SELF FUNDED INSURANCE	A	-20,919	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	38.27
38.28 SELF FUNDED INSURANCE	A	-77,661	CARDIAC CATHETERIZATION	59.00	0	38.28
38.29 SELF FUNDED INSURANCE	A	-249,344	LABORATORY	60.00	0	38.29
38.30 SELF FUNDED INSURANCE	A	-47,051	G. I. LAB	60.01	0	38.30
38.31 SELF FUNDED INSURANCE	A	-16,099	VASCULAR LAB	60.02	0	38.31
38.32 SELF FUNDED INSURANCE	A	-40,434	LABORATORY-PATHOLOGY	60.03	0	38.32
38.33 SELF FUNDED INSURANCE	A	-30,685	BLOOD STORING, PROCESSING & TRANS.	63.00	0	38.33
38.34 SELF FUNDED INSURANCE	A	-210,193	RESPIRATORY THERAPY	65.00	0	38.34
38.35 SELF FUNDED INSURANCE	A	-162,250	PHYSICAL THERAPY	66.00	0	38.35
38.36 SELF FUNDED INSURANCE	A	-68,276	OCCUPATIONAL THERAPY	67.00	0	38.36
38.37 SELF FUNDED INSURANCE	A	-18,893	SPEECH PATHOLOGY	68.00	0	38.37
38.38 SELF FUNDED INSURANCE	A	-39,104	ELECTROCARDIOLOGY	69.00	0	38.38
38.39 SELF FUNDED INSURANCE	A	-21,638	ELECTROENCEPHALOGRAPHY	70.00	0	38.39
38.40 SELF FUNDED INSURANCE	A	-39,909	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	38.40
38.41 SELF FUNDED INSURANCE	A	-29,715	OP PSYCH	76.03	0	38.41
38.42 SELF FUNDED INSURANCE	A	-14,128	CARDIAC REHAB	76.04	0	38.42
38.44 SELF FUNDED INSURANCE	A	-4,902	HYPERBARIC OXYGEN THERAPY	76.98	0	38.44
38.45 SELF FUNDED INSURANCE	A	-593,282	EMERGENCY	91.00	0	38.45
38.46 SELF FUNDED INSURANCE	A	-368,411	AMBULANCE SERVICES	95.00	0	38.46
38.47 SELF FUNDED INSURANCE	A	-3,162	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	38.47
38.48 SELF FUNDED INSURANCE	A	-18,030	RETAIL PHARMACY	190.10	0	38.48
38.49 SELF FUNDED INSURANCE	A	-16,524	PUBLIC RELATIONS	190.11	0	38.49
38.50 SELF FUNDED INSURANCE	A	-17,418	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	38.50
39.00 SELF FUNDED INSURANCE	B	-1,866	PHYSICIANS' PRIVATE OFFICES	192.00	0	39.00
40.00 SELF FUNDED INSURANCE	B	-4,511	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	40.00
41.00 ASSET IMPAIRMENT DEPRECIATION	B	3,066,090	NEW CAP REL COSTS-BLDG & FI XT	1.00	9	41.00

Provider CCN: 26-0180
 Period: From 01/01/2018 To 12/31/2018
 Worksheet A-8
 Date/Time Prepared: 5/24/2019 2:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
42.00 ASSET IMPAIRMENT DEPRECIATION	A	54,605	NEW CAP REL COSTS-POB I	1.05	9 42.00
43.00 ASSET IMPAIRMENT DEPRECIATION	A	2,140	NEW CAP REL COSTS-GRAHAM MOB	1.06	9 43.00
44.00 ASSET IMPAIRMENT DEPRECIATION	A	458,865	NEW CAP REL COSTS-NW BUILDING	1.07	9 44.00
45.00 ASSET IMPAIRMENT DEPRECIATION	A	1,552,009	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 45.00
46.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.00
46.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.01
46.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.02
46.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.03
46.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.04
46.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.05
46.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.06
46.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.07
46.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.08
46.09 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.09
46.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.10
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,225,114			50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/24/2019 2:32 pm
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Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	35,349,741	37,736,394 1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	65,032	0 2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	205,069	203,719 3.00
4.00	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	36,403	44,200 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	97,080	58,047 4.01
4.02	60.00	LABORATORY	BARNES JEWI XH HOSPITAL LAB	1,292,604	682,793 4.02
4.03	60.03	LABORATORY-PATHOLOGY	BARNES JEWI SH PATHOLOGY LAB	161,735	135,742 4.03
4.04	63.00	BLOOD STORING, PROCESSING &	BARNES JEWI SH BLOOD BANK	19,258	5,511 4.04
4.05	60.00	LABORATORY	MISSOURI BAPTIST LAB	20,988	21,859 4.05
4.06	5.04	ADMINISTRATIVE AND GENERAL	BJC ACO OPERATIONS	0	377,947 4.06
4.07	50.00	OPERATING ROOM	MIDWEST LITHOTRI PSY	51,198	44,625 4.07
5.00	0		0	37,299,108	39,310,837 5.00

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

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

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

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

6.00	G	BJC HEALTH CARE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE			100.00

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

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

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

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/24/2019 2:32 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,386,653	0		1.00
2.00	65,032	0		2.00
3.00	1,350	0		3.00
4.00	-7,797	0		4.00
4.01	39,033	0		4.01
4.02	609,811	0		4.02
4.03	25,993	0		4.03
4.04	13,747	0		4.04
4.05	-871	0		4.05
4.06	-377,947	0		4.06
4.07	6,573	0		4.07
5.00	-2,011,729			5.00

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

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/24/2019 2:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	918,050	918,050	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,662,134	2,662,134	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	248,983	248,983	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,556,972	1,556,972	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	600,000	600,000	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	230,681	230,681	0	0	0	6.00
7.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	674,603	674,603	0	0	0	7.00
8.00	95.00	AGGREGATE-AMBULANCE SERVICES	245,542	245,542	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,136,965	7,136,965	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	7.00
8.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	918,050		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,662,134		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	248,983		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,556,972		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	600,000		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	230,681		6.00
7.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	674,603		7.00
8.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	245,542		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	7,136,965		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,375,534	5,375,534				1.00
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482			1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292		1.02
1.03	00103	NEW CAP REL COSTS-PFD	42,531	0	0	0	42,531	1.03
1.05	00105	NEW CAP REL COSTS-POB I	239,941	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	45,155	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	800,493	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	12,637,639					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,948,872	9,669	0	964	3,937	4.00
5.01	00570	ADMINISTRATIVE	3,093,395	46,693	0	0	3,880	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	88,598	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	65,688,582	448,581	3,093	1,735	24,678	5.04
7.00	00700	OPERATION OF PLANT	6,454,347	744,619	334	1,064	5,237	7.00
7.01	00701	OPERATION OF PLANT- POB I	253,024	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	794,009	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,080,875	57,403	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,106,711	62,524	0	102	197	9.00
9.01	00901	HOUSEKEEPING-POB I	190,914	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	482,328	0	0	0	0	9.02
10.00	01000	DIETARY	5,924,594	35,296	2,055	0	185	10.00
11.00	01100	CAFETERIA	-1,258,219	41,179	0	1,297	506	11.00
13.00	01300	NURSING ADMINISTRATION	6,803,442	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,064,048	63,146	0	0	0	14.00
15.00	01500	PHARMACY	4,224,813	35,258	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,273,748	55,421	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	10,364	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	122,362	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	73,984	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	254,732	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,087,425	1,563,627	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,613,006	100,081	0	159	0	31.00
32.00	03200	CORONARY CARE UNIT	432,070	7,331	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	1,345,240	82,217	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,797,255	635,275	0	58	0	50.00
51.00	05100	RECOVERY ROOM	1,168,604	31,294	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	445,652	5,031	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,894,880	478,553	0	145	0	54.00
57.00	05700	CT SCAN	1,597,850	21,117	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	395,002	13,087	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,544,947	84,784	0	0	0	59.00
60.00	06000	LABORATORY	10,387,082	59,106	0	3,758	0	60.00
60.01	06001	G. I. LAB	1,191,228	19,478	0	946	0	60.01
60.02	06002	VASCULAR LAB	337,012	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,510,875	0	0	353	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,419,728	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,677,479	27,406	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	3,324,433	41,572	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,287,285	22,908	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	355,285	15,615	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	824,262	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	476,227	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,407,577	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,198,680	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,641,692	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,672,908	17,203	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,473,947	3,850	0	0	0	76.01
76.03	03550	OP PSYCH	662,134	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	282,349	28,549	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	226,101	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,366,017	210,149	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02		1.03
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	8,452,284	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	278,335,106	5,068,022	5,482	15,059	38,620	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	771,724	16,009	0	0	0	190.00
190.01 19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03 19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004	NON REIMBURSABLE CHIP	0	133,802	0	0	0	190.04
190.05 19005	NON REIMBURSABLE PFD	0	0	0	0	1,746	190.05
190.06 19006	NON REIMBURSABLE HOSPITAL	0	153,165	0	0	0	190.06
190.07 19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009	CATERING	136,563	0	0	0	78	190.09
190.10 19010	RETAIL PHARMACY	1,469,630	0	0	0	0	190.10
190.11 19011	PUBLIC RELATIONS	1,219,807	4,536	0	0	974	190.11
190.12 19012	PHYSICIAN PRACTICE DEVELOPMENT	456,913	0	0	0	1,113	190.12
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	171,416	0	0	0	0	192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	377,978	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	282,939,137	5,375,534	5,482	16,292	42,531	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT		
		NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP			
		1.05	1.06	1.07	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.05	00105	NEW CAP REL COSTS-POB I	239,941				1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	45,155			1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	800,493		1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				12,637,639	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,478	0	0	13,515	3,983,435	4.00
5.01	00570	ADMITTING	0	0	21,786	11,693	97,172	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,607	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	36,086	2,098	159,566	8,383,987	272,735	5.04
7.00	00700	OPERATION OF PLANT	18,858	208	0	40,326	92,978	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	18,473	269	12,660	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8,351	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	6,188	93,525	9.00
9.01	00901	HOUSEKEEPING-POB I	268	0	0	0	4,601	9.01
9.02	00902	HOUSEKEEPING NW	0	0	11,422	1,944	11,583	9.02
10.00	01000	DIETARY	0	0	0	241,297	0	10.00
11.00	01100	CAFETERIA	0	0	20,606	874	0	11.00
13.00	01300	NURSING ADMINISTRATION	979	0	0	103,491	175,690	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	32,359	21,418	14.00
15.00	01500	PHARMACY	0	0	0	29,914	131,573	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,648	0	10,817	16,965	119,400	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	2,584	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	8,346	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	24,631	826,872	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	39,806	190,427	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	4,729	12,449	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	11,382	37,532	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	843,842	263,702	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,668	31,156	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	41,983	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,596	0	61,742	297,510	181,397	54.00
57.00	05700	CT SCAN	0	0	43,284	87,989	40,987	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	20,394	22,115	13,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	411,126	49,756	59.00
60.00	06000	LABORATORY	809	0	18,397	175,489	159,749	60.00
60.01	06001	G. I. LAB	0	0	0	229,242	30,144	60.01
60.02	06002	VASCULAR LAB	0	0	0	28,620	10,314	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	26,101	25,905	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6,506	19,659	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	48,473	29,975	134,666	65.00
66.00	06600	PHYSICAL THERAPY	0	10,072	0	8,248	103,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,229	0	4,486	43,743	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,307	0	398	12,104	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	89,877	25,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	50,410	20,576	13,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,751	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,523	0	0	16,962	25,569	76.01
76.03	03550	OP PSYCH	0	0	0	3,209	19,038	76.03
76.04	03020	CARDIAC REHAB	0	0	0	1,380	9,051	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	3,141	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	271,188	710,310	380,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	582,156	236,032	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT					
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP							
	1.05	1.06	1.07	2.00	4.00						
SPECIAL PURPOSE COST CENTERS											
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					85,245	14,914	764,909	12,634,496	3,944,027	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,026	190.00			
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01			
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02			
190.03	19003	NON REIMB NW BUILDING	0	0	35,584	0	0	190.03			
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04			
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05			
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06			
190.07	19007	NON REIMBURSABLE POB I	11,270	0	0	0	0	190.07			
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08			
190.09	19009	CATERING	0	0	0	1,458	0	190.09			
190.10	19010	RETAIL PHARMACY	0	0	0	876	11,551	190.10			
190.11	19011	PUBLIC RELATIONS	0	0	0	0	10,586	190.11			
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	809	11,159	190.12			
191.00	19100	RESEARCH	0	0	0	0	0	191.00			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	143,426	0	0	0	1,196	192.00			
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	30,241	0	0	2,890	192.01			
200.00		Cross Foot Adjustments						200.00			
201.00		Negative Cost Centers	0	0	0	0	0	201.00			
202.00		TOTAL (sum lines 118 through 201)	239,941	45,155	800,493	12,637,639	3,983,435	202.00			

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/24/2019 2:32 pm		
Cost Center Description				ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL
				5.01	5.02	5.03	5A.03	5.04
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINISTRATIVE	3,274,619					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	90,251				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0			5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	75,021,141	75,021,141	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,357,971	2,639,753	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	253,024	90,775	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	825,411	296,125	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,146,629	411,366	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,269,247	1,531,639	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	195,783	70,239	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	507,277	181,991	9.02
10.00	01000	DIETARY	0	0	0	6,203,427	2,225,548	10.00
11.00	01100	CAFETERIA	0	0	0	-1,193,757	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	7,083,899	2,541,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,180,971	423,686	14.00
15.00	01500	PHARMACY	0	0	0	4,421,558	1,586,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,479,999	1,607,249	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	10,364	3,718	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	122,362	43,899	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	76,568	27,470	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	263,078	94,382	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	392,760	10,860	0	32,906,449	11,805,551	30.00
31.00	03100	INTENSIVE CARE UNIT	69,867	1,932	0	7,015,278	2,516,808	31.00
32.00	03200	CORONARY CARE UNIT	4,696	130	0	461,405	165,534	32.00
41.00	04100	SUBPROVIDER - IRF	14,389	398	0	1,491,158	534,969	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	210,699	5,826	0	13,756,657	4,935,352	50.00
51.00	05100	RECOVERY ROOM	25,687	710	0	1,265,119	453,875	51.00
53.00	05300	ANESTHESIOLOGY	67,017	1,853	0	561,536	201,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,956	5,308	0	8,127,087	2,915,682	54.00
57.00	05700	CT SCAN	252,121	6,971	0	2,050,319	735,574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,616	985	0	500,601	179,596	58.00
59.00	05900	CARDIAC CATHETERIZATION	91,140	2,520	0	3,184,273	1,142,393	59.00
60.00	06000	LABORATORY	366,900	10,145	0	11,181,435	4,011,463	60.00
60.01	06001	G.I. LAB	30,680	848	0	1,502,566	539,062	60.01
60.02	06002	VASCULAR LAB	27,704	766	0	404,799	145,226	60.02
60.03	06003	LABORATORY-PATHOLOGY	31,932	883	0	1,596,049	572,600	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,507	899	0	2,479,676	889,611	63.00
65.00	06500	RESPIRATORY THERAPY	74,966	2,073	0	4,995,091	1,792,044	65.00
66.00	06600	PHYSICAL THERAPY	57,504	1,590	0	3,547,369	1,272,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,441	538	0	1,379,630	494,957	67.00
68.00	06800	SPEECH PATHOLOGY	6,289	174	0	391,172	140,337	68.00
69.00	06900	ELECTROCARDIOLOGY	110,972	3,068	0	1,054,028	378,144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,173	530	0	581,218	208,518	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,358	2,637	0	11,505,572	4,127,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	169,936	4,699	0	16,373,315	5,874,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,156	2,355	0	7,729,203	2,772,937	73.00
74.00	07400	RENAL DIALYSIS	14,565	403	0	1,728,830	620,237	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	30,612	846	0	1,554,309	557,625	76.01
76.03	03550	OP PSYCH	9,524	263	0	694,168	249,040	76.03
76.04	03020	CARDIAC REHAB	2,789	77	0	324,195	116,309	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	5,669	157	0	235,068	84,333	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	593,441	16,114	0	15,548,915	5,578,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	133,553	3,693	0	9,407,936	3,375,201	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,274,619	90,251	0	277,759,378	73,162,845	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5A.03	5.04	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	789,759	283,335	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	442	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	35,584	12,766	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	133,802	48,003	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	1,746	626	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	153,165	54,950	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	11,270	4,043	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	138,099	49,545	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,482,057	531,704	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,235,903	443,394	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	469,994	168,616	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	316,038	113,382	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	411,109	147,490	192.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,274,619	90,251	0	282,939,137	75,021,141	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	9,997,724					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	343,799				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	1,121,536			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	115,828	0	15,593	1,689,416		8.00
9.00	00900	HOUSEKEEPING	146,311	0	0	0	5,947,197	9.00
9.01	00901	HOUSEKEEPING-POB I	0	515	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	21,327	0	0	9.02
10.00	01000	DIETARY	269,472	0	0	0	168,412	10.00
11.00	01100	CAFETERIA	237,656	0	38,474	0	148,529	11.00
13.00	01300	NURSING ADMINISTRATION	29,457	1,885	0	0	18,410	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,416	0	0	20,221	79,632	14.00
15.00	01500	PHARMACY	71,143	0	0	0	44,462	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	111,829	7,026	20,197	0	69,890	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,182,331	0	0	873,497	1,988,873	30.00
31.00	03100	INTENSIVE CARE UNIT	217,710	0	0	81,038	136,063	31.00
32.00	03200	CORONARY CARE UNIT	14,793	0	0	6,162	9,245	32.00
41.00	04100	SUBPROVIDER - IRF	165,898	0	0	44,605	103,682	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,287,649	0	0	96,727	804,746	50.00
51.00	05100	RECOVERY ROOM	63,144	0	0	0	39,463	51.00
53.00	05300	ANESTHESIOLOGY	10,152	0	0	0	6,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	980,029	30,035	115,281	82,918	612,492	54.00
57.00	05700	CT SCAN	42,609	0	80,818	38,295	26,629	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,406	0	38,078	0	16,503	58.00
59.00	05900	CARDIAC CATHETERIZATION	171,076	0	0	21,155	106,918	59.00
60.00	06000	LABORATORY	492,386	1,557	34,350	0	307,728	60.00
60.01	06001	G.I. LAB	133,185	0	0	30,083	83,237	60.01
60.02	06002	VASCULAR LAB	38,045	0	0	33	23,777	60.02
60.03	06003	LABORATORY-PATHOLOGY	35,072	0	0	0	21,919	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,405	0	0	0	23,377	63.00
65.00	06500	RESPIRATORY THERAPY	60,580	0	90,507	34	37,861	65.00
66.00	06600	PHYSICAL THERAPY	83,885	0	0	1,634	52,426	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,224	0	0	0	28,889	67.00
68.00	06800	SPEECH PATHOLOGY	31,508	0	0	0	19,692	68.00
69.00	06900	ELECTROCARDIOLOGY	79,014	0	0	15	49,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,583	0	94,123	739	27,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	34,713	0	0	867	21,694	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,768	4,859	0	2,522	4,855	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	57,607	0	0	0	36,003	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	582,424	0	506,348	364,038	363,999	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,612	0	0	24,833	13,507	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,055,920	45,877	1,055,096	1,689,416	5,495,877	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,303	0	0	0	20,188	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	122,417	0	0	0	76,507	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	66,440	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	269,984	0	0	0	168,733	190.04
190.05	19005	NON REIMBURSABLE PFD	88,781	0	0	0	55,486	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	309,055	0	0	0	55,870	190.06
190.07	19007	NON REIMBURSABLE POB I	0	21,703	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	3,974	0	0	0	2,483	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	56,607	0	0	0	35,378	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58,683	276,219	0	0	36,675	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,997,724	343,799	1,121,536	1,689,416	5,947,197	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description			HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	266,537					9.01
9.02	00902	HOUSEKEEPING NW	0	710,595				9.02
10.00	01000	DIETARY	0	0	8,866,859			10.00
11.00	01100	CAFETERIA	0	25,207	6,530,884	5,786,993		11.00
13.00	01300	NURSING ADMINISTRATION	1,464	0	0	218,190	9,894,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	44,676	0	14.00
15.00	01500	PHARMACY	0	0	0	127,712	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,455	13,233	0	160,856	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	7,079	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	6,329	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	10,056	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,771,043	1,338,958	5,351,786	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	177,494	207,021	827,775	31.00
32.00	03200	CORONARY CARE UNIT	0	0	16,424	16,009	64,375	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	114,421	60,323	240,560	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	326,541	1,149,991	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,609	150,825	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,320	75,527	0	224,894	0	54.00
57.00	05700	CT SCAN	0	52,949	0	50,267	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,947	0	14,896	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	56,220	0	59.00
60.00	06000	LABORATORY	1,209	22,505	0	277,775	0	60.00
60.01	06001	G.I. LAB	0	0	0	43,938	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	12,657	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	39,473	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	29,042	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	59,296	0	179,467	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	141,495	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	59,948	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,408	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,211	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,665	0	21,600	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,773	0	0	40,961	163,005	76.01
76.03	03550	OP PSYCH	0	0	0	29,792	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	10,431	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	4,465	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	331,738	0	486,659	1,946,415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	481,069	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,221	667,067	8,610,266	4,820,027	9,894,732	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	7,079	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

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Cost Center Description			HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
			OB I	NW	10.00	11.00	ADMINISTRATION	
190.01	19001	VISITOR MEALS	0	0	0	912,221	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	43,528	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	16,851	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	256,593	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	14,146	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	13,033	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	10,056	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	214,465	0	0	2,239	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	8,192	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	266,537	710,595	8,866,859	5,786,993	9,894,732	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,876,602					14.00
15.00	01500	PHARMACY	0	6,251,158				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,671	6,499,405			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	14,082	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,468	779,444	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	380	138,653	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	88	9,318	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	85	28,556	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,905	418,139	0	0	50.00
51.00	05100	RECOVERY ROOM	0	25	50,976	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	58,943	132,998	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,605	380,943	0	0	54.00
57.00	05700	CT SCAN	0	8	500,341	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	70,682	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,269	180,870	0	0	59.00
60.00	06000	LABORATORY	0	0	728,123	0	0	60.00
60.01	06001	G.I. LAB	0	272	60,886	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	54,979	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	102	63,370	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	64,511	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	550	148,771	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	56	114,118	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	38,581	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	12,481	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	220,227	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	38,049	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	776,363	0	189,240	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,100,239	0	337,243	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,076,948	168,994	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	16	28,905	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	218	60,751	0	0	76.01
76.03	03550	OP PSYCH	0	0	18,900	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	5,535	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	11,250	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	818	1,178,531	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	68,731	265,040	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,876,602	6,251,158	6,499,405	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	14,082	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,876,602	6,251,158	6,499,405	0	14,082	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES					
		21.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01850	RESEARCH ADMIN					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	173,340				21.00
23.00	02300	PARAMED PRGM PASTORAL CARE		110,367			23.00
23.01	02301	PARAMED PRGM PHARMACY			367,516		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	94,002	0	60,093,402	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,421	0	11,327,641	31.00
32.00	03200	CORONARY CARE UNIT	0	871	0	764,224	32.00
41.00	04100	SUBPROVIDER - IRF	0	6,073	0	2,790,330	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	173,340	0	0	22,963,047	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,061,036	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	971,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,569,813	54.00
57.00	05700	CT SCAN	0	0	0	3,577,809	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	871,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,866,174	59.00
60.00	06000	LABORATORY	0	0	0	17,058,531	60.00
60.01	06001	G.I. LAB	0	0	0	2,393,229	60.01
60.02	06002	VASCULAR LAB	0	0	0	679,516	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,328,585	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,523,622	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,364,201	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,213,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,048,229	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	608,598	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,821,020	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,076,733	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,598,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,684,904	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	367,516	17,115,598	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,435,262	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	2,400,646	76.01
76.03	03550	OP PSYCH	0	0	0	991,900	76.03
76.04	03020	CARDIAC REHAB	0	0	0	550,080	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	335,116	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	26,888,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	21.00	23.00	23.01				24.00	25.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	13,657,929	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,340	110,367	367,516	272,631,111	-173,340	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,132,664	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	912,221	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	200,599	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	158,318	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	620,522	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	146,639	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	573,040	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	53,867	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	256,593	0	190.08
190.09	19009	CATERING	0	0	0	194,101	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	2,027,907	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,692,330	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	740,651	0	190.12
191.00	19100	RESEARCH	0	0	0	14,082	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,017,701	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	566,791	0	192.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	173,340	110,367	367,516	282,939,137	-173,340	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMIN TTING		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED ED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	60,093,402	30.00
31.00	03100 INTENSIVE CARE UNIT	11,327,641	31.00
32.00	03200 CORONARY CARE UNIT	764,224	32.00
41.00	04100 SUBPROVIDER - IRF	2,790,330	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,789,707	50.00
51.00	05100 RECOVERY ROOM	2,061,036	51.00
53.00	05300 ANESTHESIOLOGY	971,431	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,569,813	54.00
57.00	05700 CT SCAN	3,577,809	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	871,709	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,866,174	59.00
60.00	06000 LABORATORY	17,058,531	60.00
60.01	06001 G.I. LAB	2,393,229	60.01
60.02	06002 VASCULAR LAB	679,516	60.02
60.03	06003 LABORATORY-PATHOLOGY	2,328,585	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,523,622	63.00
65.00	06500 RESPIRATORY THERAPY	7,364,201	65.00
66.00	06600 PHYSICAL THERAPY	5,213,641	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,048,229	67.00
68.00	06800 SPEECH PATHOLOGY	608,598	68.00
69.00	06900 ELECTROCARDIOLOGY	1,821,020	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,076,733	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,598,926	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,684,904	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,115,598	73.00
74.00	07400 RENAL DIALYSIS	2,435,262	74.00
76.00	03320 SHOCK THERAPY	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,400,646	76.01
76.03	03550 OP PSYCH	991,900	76.03
76.04	03020 CARDIAC REHAB	550,080	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	335,116	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	26,888,229	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	13,657,929	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	272,457,771	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,132,664	190.00
190.01	19001 VISITOR MEALS	912,221	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description			Total	
			26.00	
190.02	19002	NON REIMBURSABLE B BLDG	200,599	190.02
190.03	19003	NON REIMB NW BUILDING	158,318	190.03
190.04	19004	NON REIMBURSABLE CHIP	620,522	190.04
190.05	19005	NON REIMBURSABLE PFD	146,639	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	573,040	190.06
190.07	19007	NON REIMBURSABLE POBI	53,867	190.07
190.08	19008	MEALS ON WHEELS	256,593	190.08
190.09	19009	CATERING	194,101	190.09
190.10	19010	RETAIL PHARMACY	2,027,907	190.10
190.11	19011	PUBLIC RELATIONS	1,692,330	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	740,651	190.12
191.00	19100	RESEARCH	14,082	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,017,701	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	566,791	192.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	282,765,797	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet Non-CMS W
Date/Time Prepared:
5/24/2019 2:32 pm

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

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
			1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.05	00105	NEW CAP REL COSTS-POB I					1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,532	9,669	0	964	3,937	4.00
5.01	00570	ADMINISTRATIVE	8,886	46,693	0	0	3,880	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	1,421,422	448,581	3,093	1,735	24,678	5.04
7.00	00700	OPERATION OF PLANT	9,394	744,619	334	1,064	5,237	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	3,651	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	57,403	0	0	0	8.00
9.00	00900	HOUSEKEEPING	645	62,524	0	102	197	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	27,376	35,296	2,055	0	185	10.00
11.00	01100	CAFETERIA	0	41,179	0	1,297	506	11.00
13.00	01300	NURSING ADMINISTRATION	1,238,731	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	63,146	0	0	0	14.00
15.00	01500	PHARMACY	411,873	35,258	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,900	55,421	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,711	1,563,627	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,944	100,081	0	159	0	31.00
32.00	03200	CORONARY CARE UNIT	99	7,331	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	447	82,217	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	263,079	635,275	0	58	0	50.00
51.00	05100	RECOVERY ROOM	0	31,294	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	5,031	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,606	478,553	0	145	0	54.00
57.00	05700	CT SCAN	0	21,117	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,087	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,132	84,784	0	0	0	59.00
60.00	06000	LABORATORY	39,470	59,106	0	3,758	0	60.00
60.01	06001	G.I. LAB	0	19,478	0	946	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	65,006	0	0	353	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	45,198	27,406	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	14,931	41,572	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,908	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,615	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,219	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,030	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,924	17,203	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	6,018	3,850	0	0	0	76.01
76.03	03550	OP PSYCH	4,348	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	401	28,549	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	27,198	210,149	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,437	0	0	218	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		1.00	1.01	1.02	1.03		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,674,608	5,068,022	5,482	15,059	38,620	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,009	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	133,802	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	1,746	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	153,165	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	78	190.09
190.10	19010 RETAIL PHARMACY	443	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	5,422	4,536	0	0	974	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	1,853	0	0	0	1,113	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,682,326	5,375,534	5,482	16,292	42,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal	2A
		NEW POB I	NEW GRAHAM MOB	NEW NW BUI LDING	NEW MVBLE EQUI P		
		1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUI LDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUI P					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,478	0	0	13,515	51,095 4.00
5.01	00570	ADMINISTRATIVE	0	0	21,786	11,693	92,938 5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,607	1,653 5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0 5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	36,086	2,098	159,566	8,383,987	10,481,246 5.04
7.00	00700	OPERATION OF PLANT	18,858	208	0	40,326	820,040 7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0 7.01
7.02	00702	OPERATION OF PLANT NW	0	0	18,473	269	22,393 7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8,351	0	65,754 8.00
9.00	00900	HOUSEKEEPING	0	0	0	6,188	69,656 9.00
9.01	00901	HOUSEKEEPING-POB I	268	0	0	0	268 9.01
9.02	00902	HOUSEKEEPING NW	0	0	11,422	1,944	13,366 9.02
10.00	01000	DIETARY	0	0	0	241,297	306,209 10.00
11.00	01100	CAFETERIA	0	0	20,606	874	64,462 11.00
13.00	01300	NURSING ADMINISTRATION	979	0	0	103,491	1,343,498 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	32,359	95,505 14.00
15.00	01500	PHARMACY	0	0	0	29,914	477,045 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,648	0	10,817	16,965	93,751 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0 23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	24,631	1,625,243 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	39,806	143,990 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	4,729	12,159 32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	11,382	94,046 41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	843,842	1,742,254 50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,668	38,962 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	41,983	47,014 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,596	0	61,742	297,510	865,152 54.00
57.00	05700	CT SCAN	0	0	43,284	87,989	152,390 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	20,394	22,115	55,596 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	411,126	498,042 59.00
60.00	06000	LABORATORY	809	0	18,397	175,489	297,029 60.00
60.01	06001	G. I. LAB	0	0	0	229,242	249,666 60.01
60.02	06002	VASCULAR LAB	0	0	0	28,620	29,003 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	26,101	91,460 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6,506	6,883 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	48,473	29,975	151,105 65.00
66.00	06600	PHYSICAL THERAPY	0	10,072	0	8,248	74,823 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,229	0	4,486	28,623 67.00
68.00	06800	SPEECH PATHOLOGY	0	1,307	0	398	17,320 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	89,877	92,892 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	50,410	20,576	73,455 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,751	42,878 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,523	0	0	16,962	29,353 76.01
76.03	03550	OP PSYCH	0	0	0	3,209	7,557 76.03
76.04	03020	CARDIAC REHAB	0	0	0	1,380	30,330 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	271,188	710,310	1,220,440 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	582,156	584,811 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,245	14,914	764,909	12,634,496	22,301,355 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP				
	1.05	1.06	1.07	2.00			2A	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	16,009	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	35,584	0	35,584	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	133,802	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	1,746	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	153,165	190.06
190.07	19007	NON REIMBURSABLE POB I	11,270	0	0	0	11,270	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	1,458	1,536	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	876	1,319	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	10,932	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	809	3,775	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	143,426	0	0	0	143,426	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	30,241	0	0	30,241	192.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	239,941	45,155	800,493	12,637,639	22,845,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm		
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	ADMINISTRATIVE AND GENERAL		
	4.00	5.01	5.02	5.03	5.04		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	NEW CAP REL COSTS-WHSE				1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02	
1.03	00103	NEW CAP REL COSTS-PFD				1.03	
1.05	00105	NEW CAP REL COSTS-POB I				1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	51,095			4.00	
5.01	00570	ADMINITTING	1,247	94,185		5.01	
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,653	5.02	
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	5.03	
5.04	00591	ADMINISTRATIVE AND GENERAL	3,501	0	0	10,484,747	5.04
7.00	00700	OPERATION OF PLANT	1,194	0	0	368,921	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	12,686	7.01
7.02	00702	OPERATION OF PLANT NW	163	0	0	41,385	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	57,491	8.00
9.00	00900	HOUSEKEEPING	1,201	0	0	214,056	9.00
9.01	00901	HOUSEKEEPING-POB I	59	0	0	9,816	9.01
9.02	00902	HOUSEKEEPING NW	149	0	0	25,434	9.02
10.00	01000	DIETARY	0	0	0	311,034	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,255	0	0	355,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	275	0	0	59,213	14.00
15.00	01500	PHARMACY	1,689	0	0	221,692	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,533	0	0	224,623	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	520	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,135	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	33	0	0	3,839	23.00
23.01	02301	PARAMED PRGM PHARMACY	107	0	0	13,190	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,574	11,248	259	1,649,987	30.00
31.00	03100	INTENSIVE CARE UNIT	2,445	2,001	46	351,739	31.00
32.00	03200	CORONARY CARE UNIT	160	134	3	23,134	32.00
41.00	04100	SUBPROVIDER - IRF	482	412	9	74,765	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,385	6,034	139	689,745	50.00
51.00	05100	RECOVERY ROOM	400	736	17	63,432	51.00
53.00	05300	ANESTHESIOLOGY	0	1,919	44	28,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,329	5,497	126	407,484	54.00
57.00	05700	CT SCAN	526	7,220	166	102,801	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	172	1,020	23	25,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	639	2,610	60	159,656	59.00
60.00	06000	LABORATORY	2,051	10,507	242	560,626	60.00
60.01	06001	G.I. LAB	387	879	20	75,337	60.01
60.02	06002	VASCULAR LAB	132	793	18	20,296	60.02
60.03	06003	LABORATORY-PATHOLOGY	333	914	21	80,024	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	252	931	21	124,328	63.00
65.00	06500	RESPIRATORY THERAPY	1,729	2,147	49	250,449	65.00
66.00	06600	PHYSICAL THERAPY	1,334	1,647	38	177,862	66.00
67.00	06700	OCCUPATIONAL THERAPY	562	557	13	69,173	67.00
68.00	06800	SPEECH PATHOLOGY	155	180	4	19,613	68.00
69.00	06900	ELECTROCARDIOLOGY	322	3,178	73	52,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	178	549	13	29,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,731	63	576,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,866	112	820,942	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,439	56	387,535	73.00
74.00	07400	RENAL DIALYSIS	0	417	10	86,682	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	328	877	20	77,931	76.01
76.03	03550	OP PSYCH	244	273	6	34,805	76.03
76.04	03020	CARDIAC REHAB	116	80	2	16,255	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	40	162	4	11,786	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,879	17,402	-112	779,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,030	3,825	88	471,705	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,590	94,185	1,653	10,225,037	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINING 5.01	CASHIERING/ACCOUNTS RECEIVABLE 5.02	MENTAL HEALTH ADMINISTRATION 5.03	ADMINISTRATIVE AND GENERAL 5.04		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26	0	0	0	39,598	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	62	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	1,784	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	6,709	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	88	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	7,680	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	565	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	6,924	190.09
190.10	19010	RETAIL PHARMACY	148	0	0	0	74,309	190.10
190.11	19011	PUBLIC RELATIONS	136	0	0	0	61,967	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	143	0	0	0	23,565	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15	0	0	0	15,846	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	37	0	0	0	20,613	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	51,095	94,185	1,653	0	10,484,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	1,190,155					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	12,686				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	63,941			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	13,789	0	889	137,923		8.00
9.00	00900	HOUSEKEEPING	17,417	0	0	0	302,330	9.00
9.01	00901	HOUSEKEEPING-POB I	0	19	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	1,216	0	0	9.02
10.00	01000	DIETARY	32,079	0	0	0	8,561	10.00
11.00	01100	CAFETERIA	28,291	0	2,193	0	7,551	11.00
13.00	01300	NURSING ADMINISTRATION	3,507	70	0	0	936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,168	0	0	1,651	4,048	14.00
15.00	01500	PHARMACY	8,469	0	0	0	2,260	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,312	259	1,151	0	3,553	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	378,830	0	0	71,312	101,106	30.00
31.00	03100	INTENSIVE CARE UNIT	25,917	0	0	6,616	6,917	31.00
32.00	03200	CORONARY CARE UNIT	1,761	0	0	503	470	32.00
41.00	04100	SUBPROVIDER - IRF	19,749	0	0	3,642	5,271	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	153,285	0	0	7,897	40,910	50.00
51.00	05100	RECOVERY ROOM	7,517	0	0	0	2,006	51.00
53.00	05300	ANESTHESIOLOGY	1,209	0	0	0	323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,665	1,108	6,572	6,769	31,136	54.00
57.00	05700	CT SCAN	5,072	0	4,608	3,126	1,354	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,143	0	2,171	0	839	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,365	0	0	1,727	5,435	59.00
60.00	06000	LABORATORY	58,615	57	1,958	0	15,644	60.00
60.01	06001	G.I. LAB	15,855	0	0	2,456	4,231	60.01
60.02	06002	VASCULAR LAB	4,529	0	0	3	1,209	60.02
60.03	06003	LABORATORY-PATHOLOGY	4,175	0	0	0	1,114	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,453	0	0	0	1,188	63.00
65.00	06500	RESPIRATORY THERAPY	7,212	0	5,160	3	1,925	65.00
66.00	06600	PHYSICAL THERAPY	9,986	0	0	133	2,665	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,503	0	0	0	1,469	67.00
68.00	06800	SPEECH PATHOLOGY	3,751	0	0	0	1,001	68.00
69.00	06900	ELECTROCARDIOLOGY	9,406	0	0	1	2,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,188	0	5,366	60	1,385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,132	0	0	71	1,103	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	925	179	0	206	247	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	6,858	0	0	0	1,830	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	69,333	0	28,869	29,720	18,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,573	0	0	2,027	687	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,078,039	1,692	60,153	137,923	279,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,845	0	0	0	1,026	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	14,573	0	0	0	3,889	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	3,788	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	32,140	0	0	0	8,578	190.04
190.05	19005	NON REIMBURSABLE PFD	10,569	0	0	0	2,821	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	36,791	0	0	0	2,840	190.06
190.07	19007	NON REIMBURSABLE POB I	0	801	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	473	0	0	0	126	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	6,739	0	0	0	1,798	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,986	10,193	0	0	1,864	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,190,155	12,686	63,941	137,923	302,330	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description			HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	10,162					9.01
9.02	00902	HOUSEKEEPING NW	0	40,165				9.02
10.00	01000	DIETARY	0	0	657,883			10.00
11.00	01100	CAFETERIA	0	1,425	484,563	483,388		11.00
13.00	01300	NURSING ADMINISTRATION	56	0	0	18,225	1,723,727	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,732	0	14.00
15.00	01500	PHARMACY	0	0	0	10,668	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	208	748	0	13,436	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	591	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	529	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	840	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	131,404	111,843	932,317	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	13,169	17,292	144,204	31.00
32.00	03200	CORONARY CARE UNIT	0	0	1,219	1,337	11,214	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,490	5,039	41,907	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	27,276	200,336	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,142	26,275	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	889	4,269	0	18,785	0	54.00
57.00	05700	CT SCAN	0	2,993	0	4,199	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,410	0	1,244	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,696	0	59.00
60.00	06000	LABORATORY	46	1,272	0	23,203	0	60.00
60.01	06001	G. I. LAB	0	0	0	3,670	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	1,057	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	3,297	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,426	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,352	0	14,991	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,819	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,007	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,120	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,359	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,486	0	1,804	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	144	0	0	3,422	28,396	76.01
76.03	03550	OP PSYCH	0	0	0	2,489	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	871	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	373	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	18,750	0	40,651	339,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	40,184	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,343	37,705	638,845	402,617	1,723,727	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	591	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description			HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
			OB I	NW	10.00	11.00	ADMINISTRATION	
190.01	19001	VISITOR MEALS	0	0	0	76,198	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	2,460	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	642	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	19,038	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,182	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,089	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	840	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,177	0	0	187	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	684	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	105,097	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,162	40,165	657,883	588,485	1,723,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN
			14.00	15.00	16.00	17.00	17.01
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	179,592				14.00
15.00	01500	PHARMACY	0	721,823			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,733	355,307		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	520 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	170	42,663	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	44	7,589	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	10	510	0	0 32.00
41.00	04100	SUBPROVIDER - IRF	0	10	1,563	0	0 41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,606	22,887	0	0 50.00
51.00	05100	RECOVERY ROOM	0	3	2,790	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	6,806	7,280	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	185	20,851	0	0 54.00
57.00	05700	CT SCAN	0	1	27,386	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,869	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	377	9,900	0	0 59.00
60.00	06000	LABORATORY	0	0	39,854	0	0 60.00
60.01	06001	G.I. LAB	0	31	3,333	0	0 60.01
60.02	06002	VASCULAR LAB	0	0	3,009	0	0 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	12	3,469	0	0 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,531	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	64	8,143	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	7	6,246	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,112	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	683	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,054	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,083	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,296	0	10,358	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	105,296	0	18,459	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	701,707	9,250	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	2	1,582	0	0 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	25	3,325	0	0 76.01
76.03	03550	OP PSYCH	0	0	1,034	0	0 76.03
76.04	03020	CARDIAC REHAB	0	0	303	0	0 76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	616	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	94	64,068	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,936	14,507	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,592	721,823	355,307	0	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	520	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	179,592	721,823	355,307	0	520	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00591 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01850 RESEARCH ADMIN						17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,726					21.00
23.00 02300 PARAMED PRGM PASTORAL CARE		4,401				23.00
23.01 02301 PARAMED PRGM PHARMACY			14,137			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				5,066,956		0 30.00
31.00 03100 INTENSIVE CARE UNIT				721,969		0 31.00
32.00 03200 CORONARY CARE UNIT				52,614		0 32.00
41.00 04100 SUBPROVIDER - IRF				255,385		0 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				2,895,754		0 50.00
51.00 05100 RECOVERY ROOM				145,280		0 51.00
53.00 05300 ANESTHESIOLOGY				92,750		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				1,487,817		0 54.00
57.00 05700 CT SCAN				311,842		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				94,587		0 58.00
59.00 05900 CARDIAC CATHETERIZATION				703,507		0 59.00
60.00 06000 LABORATORY				1,011,104		0 60.00
60.01 06001 G.I. LAB				355,865		0 60.01
60.02 06002 VASCULAR LAB				60,049		0 60.02
60.03 06003 LABORATORY-PATHOLOGY				184,819		0 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.				144,013		0 63.00
65.00 06500 RESPIRATORY THERAPY				446,329		0 65.00
66.00 06600 PHYSICAL THERAPY				286,560		0 66.00
67.00 06700 OCCUPATIONAL THERAPY				113,019		0 67.00
68.00 06800 SPEECH PATHOLOGY				43,827		0 68.00
69.00 06900 ELECTROCARDIOLOGY				176,643		0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				122,709		0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				664,326		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				949,675		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,100,987		0 73.00
74.00 07400 RENAL DIALYSIS				136,877		0 74.00
76.00 03320 SHOCK THERAPY				0		0 76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY				145,378		0 76.01
76.03 03550 OP PSYCH				46,408		0 76.03
76.04 03020 CARDIAC REHAB				56,645		0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY				12,981		0 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY				2,631,283		0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	21.00	23.00	23.01				24.00	25.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				1,131,373	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	21,649,331	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				61,095	0	190.00
190.01	19001	VISITOR MEALS				76,198	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG				19,757	0	190.02
190.03	19003	NON REIMB NW BUILDING				43,616	0	190.03
190.04	19004	NON REIMBURSABLE CHIP				181,229	0	190.04
190.05	19005	NON REIMBURSABLE PFD				15,224	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL				200,476	0	190.06
190.07	19007	NON REIMBURSABLE POB I				13,278	0	190.07
190.08	19008	MEALS ON WHEELS				19,038	0	190.08
190.09	19009	CATERING				9,059	0	190.09
190.10	19010	RETAIL PHARMACY				76,958	0	190.10
190.11	19011	PUBLIC RELATIONS				74,124	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT				36,860	0	190.12
191.00	19100	RESEARCH				520	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				186,694	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM				51,575	0	192.01
200.00		Cross Foot Adjustments	6,726	4,401	14,137	25,264	0	200.00
201.00		Negative Cost Centers	0	0	0	105,097	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,726	4,401	14,137	22,845,393	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMINISTRATION		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED ED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	5,066,956	30.00
31.00	03100 INTENSIVE CARE UNIT	721,969	31.00
32.00	03200 CORONARY CARE UNIT	52,614	32.00
41.00	04100 SUBPROVIDER - IRF	255,385	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,895,754	50.00
51.00	05100 RECOVERY ROOM	145,280	51.00
53.00	05300 ANESTHESIOLOGY	92,750	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,487,817	54.00
57.00	05700 CT SCAN	311,842	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	94,587	58.00
59.00	05900 CARDIAC CATHETERIZATION	703,507	59.00
60.00	06000 LABORATORY	1,011,104	60.00
60.01	06001 G.I. LAB	355,865	60.01
60.02	06002 VASCULAR LAB	60,049	60.02
60.03	06003 LABORATORY-PATHOLOGY	184,819	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	144,013	63.00
65.00	06500 RESPIRATORY THERAPY	446,329	65.00
66.00	06600 PHYSICAL THERAPY	286,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	113,019	67.00
68.00	06800 SPEECH PATHOLOGY	43,827	68.00
69.00	06900 ELECTROCARDIOLOGY	176,643	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	122,709	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	664,326	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	949,675	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,100,987	73.00
74.00	07400 RENAL DIALYSIS	136,877	74.00
76.00	03320 SHOCK THERAPY	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	145,378	76.01
76.03	03550 OP PSYCH	46,408	76.03
76.04	03020 CARDIAC REHAB	56,645	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	12,981	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	2,631,283	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	1,131,373	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	21,649,331	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,095	190.00
190.01	19001 VISITOR MEALS	76,198	190.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Total	
		26.00	
190.02	19002 NON REIMBURSABLE B BLDG	19,757	190.02
190.03	19003 NON REIMB NW BUILDING	43,616	190.03
190.04	19004 NON REIMBURSABLE CHIP	181,229	190.04
190.05	19005 NON REIMBURSABLE PFD	15,224	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	200,476	190.06
190.07	19007 NON REIMBURSABLE POBI	13,278	190.07
190.08	19008 MEALS ON WHEELS	19,038	190.08
190.09	19009 CATERING	9,059	190.09
190.10	19010 RETAIL PHARMACY	76,958	190.10
190.11	19011 PUBLIC RELATIONS	74,124	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	36,860	190.12
191.00	19100 RESEARCH	520	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	186,694	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	51,575	192.01
200.00	Cross Foot Adjustments	25,264	200.00
201.00	Negative Cost Centers	105,097	201.00
202.00	TOTAL (sum lines 118 through 201)	22,845,393	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	78,926	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	2,131	4.00
5.01	00570	ADMINISTRATIVE	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,718	48,935	11,870	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	6,203	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	88	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	1,200	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,067	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
32.00	03200	CORONARY CARE UNIT	577	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	5,130	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,554	0	266	60.00
60.01	06001	G. I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,368	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,459	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	830	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)	
		1. 00	1. 01	1. 02	1. 03	1. 05	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	398,884	19,654	58,325	76,582	28,040	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	3,707	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	155	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	47,179	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,375,534	5,482	16,292	42,531	239,941	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.705505	0.278925	0.258193	0.504280	3.040076	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
		NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP			
		(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)			
		1.06	1.07	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	40,600				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	52,911			1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			12,491,124		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	13,358	96,484,768	4.00
5.01	00570	ADMITTING	0	1,440	11,557	2,353,619	1,077,998,097
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,588	0	0
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	1,886	10,547	8,286,795	6,605,982	0
7.00	00700	OPERATION OF PLANT	187	0	39,858	2,252,052	0
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	0	1,221	266	306,630	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	0	0	0
9.00	00900	HOUSEKEEPING	0	0	6,116	2,265,299	0
9.01	00901	HOUSEKEEPING-POB I	0	0	0	111,447	0
9.02	00902	HOUSEKEEPING NW	0	755	1,921	280,565	0
10.00	01000	DIETARY	0	0	238,499	0	0
11.00	01100	CAFETERIA	0	1,362	864	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	102,291	4,255,430	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	31,984	518,774	0
15.00	01500	PHARMACY	0	0	29,567	3,186,865	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	715	16,768	2,892,027	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	62,598	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	202,152	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	24,345	20,028,696	129,282,546
31.00	03100	INTENSIVE CARE UNIT	0	0	39,344	4,612,392	22,997,726
32.00	03200	CORONARY CARE UNIT	0	0	4,674	301,539	1,545,596
41.00	04100	SUBPROVIDER - IRF	0	0	11,250	909,064	4,736,487
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	834,058	6,387,204	69,354,589
51.00	05100	RECOVERY ROOM	0	0	7,579	754,647	8,455,198
53.00	05300	ANESTHESIOLOGY	0	0	41,496	0	22,059,681
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,081	294,061	4,393,662	63,185,063
57.00	05700	CT SCAN	0	2,861	86,969	992,767	82,989,106
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	21,859	324,622	11,723,595
59.00	05900	CARDIAC CATHETERIZATION	0	0	406,359	1,205,146	30,000,022
60.00	06000	LABORATORY	0	1,216	173,454	3,869,318	120,770,182
60.01	06001	G.I. LAB	0	0	226,584	730,133	10,098,826
60.02	06002	VASCULAR LAB	0	0	28,288	249,822	9,119,079
60.03	06003	LABORATORY-PATHOLOGY	0	0	25,798	627,457	10,510,878
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6,431	476,172	10,700,108
65.00	06500	RESPIRATORY THERAPY	0	3,204	29,627	3,261,775	24,675,955
66.00	06600	PHYSICAL THERAPY	9,056	0	8,152	2,517,797	18,928,159
67.00	06700	OCCUPATIONAL THERAPY	1,105	0	4,434	1,059,511	6,399,311
68.00	06800	SPEECH PATHOLOGY	1,175	0	393	293,184	2,070,145
69.00	06900	ELECTROCARDIOLOGY	0	0	88,835	606,816	36,527,971
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	20,337	335,779	6,311,077
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	31,388,329
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	55,936,725
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,030,164
74.00	07400	RENAL DIALYSIS	0	0	23,476	0	4,794,283
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	16,765	619,309	10,076,530
76.03	03550	OP PSYCH	0	0	3,172	461,118	3,134,813
76.04	03020	CARDIAC REHAB	0	0	1,364	219,234	918,112
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76,076	1,866,053
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	17,925	702,075	9,206,544	195,450,998
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)			
	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.06	1.07	2.00					
OTHER REIMBURSABLE COST CENTERS								
95.00 09500	AMBULANCE SERVICES	0	0	575,406	5,717,000	43,960,790	95.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,409	50,559	12,488,017	95,530,224	1,077,998,097	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	49,070	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	1,441	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	866	279,790	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	256,417	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	800	270,294	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	28,964	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	27,191	0	0	70,009	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	45,155	800,493	12,637,639	3,983,435	3,274,619	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.112192	15.129047	1.011730	0.041286	0.003038	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				51,095	94,185	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000530	0.000087	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,077,998,097					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	-75,021,141	209,111,753		5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,357,971	389,971	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	253,024	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	825,411	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,146,629	4,518	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,269,247	5,707	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	195,783	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	507,277	0	9.02
10.00	01000	DIETARY	0	0	0	6,203,427	10,511	10.00
11.00	01100	CAFETERIA	0	0	1,193,757	0	9,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	7,083,899	1,149	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,180,971	4,970	14.00
15.00	01500	PHARMACY	0	0	0	4,421,558	2,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,479,999	4,362	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	10,364	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	122,362	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	76,568	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	263,078	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,282,546	0	0	32,906,449	124,130	30.00
31.00	03100	INTENSIVE CARE UNIT	22,997,726	0	0	7,015,278	8,492	31.00
32.00	03200	CORONARY CARE UNIT	1,545,596	0	0	461,405	577	32.00
41.00	04100	SUBPROVIDER - IRF	4,736,487	0	0	1,491,158	6,471	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	69,354,589	0	0	13,756,657	50,226	50.00
51.00	05100	RECOVERY ROOM	8,455,198	0	0	1,265,119	2,463	51.00
53.00	05300	ANESTHESIOLOGY	22,059,681	0	0	561,536	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,185,063	0	0	8,127,087	38,227	54.00
57.00	05700	CT SCAN	82,989,106	0	0	2,050,319	1,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,723,595	0	0	500,601	1,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,000,022	0	0	3,184,273	6,673	59.00
60.00	06000	LABORATORY	120,770,182	0	0	11,181,435	19,206	60.00
60.01	06001	G.I. LAB	10,098,826	0	0	1,502,566	5,195	60.01
60.02	06002	VASCULAR LAB	9,119,079	0	0	404,799	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	10,510,878	0	0	1,596,049	1,368	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,700,108	0	0	2,479,676	1,459	63.00
65.00	06500	RESPIRATORY THERAPY	24,675,955	0	0	4,995,091	2,363	65.00
66.00	06600	PHYSICAL THERAPY	18,928,159	0	0	3,547,369	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,399,311	0	0	1,379,630	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	2,070,145	0	0	391,172	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	36,527,971	0	0	1,054,028	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,311,077	0	0	581,218	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,388,329	0	0	11,505,572	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,936,725	0	0	16,373,315	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,030,164	0	0	7,729,203	0	73.00
74.00	07400	RENAL DIALYSIS	4,794,283	0	0	1,728,830	1,354	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	10,076,530	0	0	1,554,309	303	76.01
76.03	03550	OP PSYCH	3,134,813	0	0	694,168	0	76.03
76.04	03020	CARDIAC REHAB	918,112	0	0	324,195	2,247	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,866,053	0	0	235,068	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	195,450,998	0	0	15,548,915	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	43,960,790	0	0	9,407,936	843	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5.03	5A.04	5.04	7.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,077,998,097	0	-73,827,384	203,931,994	353,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	789,759	1,260	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	4,775	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	35,584	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	133,802	10,531	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	1,746	3,463	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	153,165	12,055	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	11,270	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	138,099	155	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	1,482,057	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,235,903	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	469,994	2,208	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	316,038	2,289	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	411,109	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	90,251	0		75,021,141	9,997,724	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000084	0.000000		0.358761	25.637096	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,653	0		10,484,747	1,190,155	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000002	0.000000		0.050139	3.051906	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B-1	
Date/Time Prepared: 5/24/2019 2:32 pm							
Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I	58,722				7.01
7.02	00702	OPERATION OF PLANT NW	0	39,703			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	1,912,444		8.00
9.00	00900	HOUSEKEEPING	0	0	0	371,178	9.00
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	58,634
9.02	00902	HOUSEKEEPING NW	0	755	0	0	0
10.00	01000	DIETARY	0	0	0	10,511	0
11.00	01100	CAFETERIA	0	1,362	0	9,270	0
13.00	01300	NURSING ADMINISTRATION	322	0	0	1,149	322
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22,891	4,970	0
15.00	01500	PHARMACY	0	0	0	2,775	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	715	0	4,362	1,200
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	988,811	124,130	0
31.00	03100	INTENSIVE CARE UNIT	0	0	91,736	8,492	0
32.00	03200	CORONARY CARE UNIT	0	0	6,976	577	0
41.00	04100	SUBPROVIDER - IRF	0	0	50,494	6,471	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	109,496	50,226	0
51.00	05100	RECOVERY ROOM	0	0	0	2,463	0
53.00	05300	ANESTHESIOLOGY	0	0	0	396	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	4,081	93,864	38,227	5,130
57.00	05700	CT SCAN	0	2,861	43,351	1,662	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	0	1,030	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	23,948	6,673	0
60.00	06000	LABORATORY	266	1,216	0	19,206	266
60.01	06001	G. I. LAB	0	0	34,054	5,195	0
60.02	06002	VASCULAR LAB	0	0	37	1,484	0
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,368	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,459	0
65.00	06500	RESPIRATORY THERAPY	0	3,204	39	2,363	0
66.00	06600	PHYSICAL THERAPY	0	0	1,850	3,272	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,803	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,229	0
69.00	06900	ELECTROCARDIOLOGY	0	0	17	3,082	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	836	1,700	0
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	0	0	982	1,354	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	2,855	303	830
76.03	03550	OP PSYCH	0	0	0	0	0
76.04	03020	CARDIAC REHAB	0	0	0	2,247	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	17,925	412,096	22,718	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	28,111	843	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,836	37,351	1,912,444	343,010	7,748

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,260	0
190.01	19001	VISITOR MEALS	0	0	0	0	0
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	4,775	0
190.03	19003	NON REIMB NW BUILDING	0	2,352	0	0	0
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	10,531	0
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	3,487	0
190.07	19007	NON REIMBURSABLE POB I	3,707	0	0	0	3,707
190.08	19008	MEALS ON WHEELS	0	0	0	0	0
190.09	19009	CATERING	0	0	0	155	0
190.10	19010	RETAIL PHARMACY	0	0	0	0	0
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,179	0	0	2,289	47,179
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	343,799	1,121,536	1,689,416	5,947,197	266,537
203.00		Unit cost multiplier (Wkst. B, Part I)	5.854688	28.248142	0.883381	16.022493	4.545775
204.00		Cost to be allocated (per Wkst. B, Part II)	12,686	63,941	137,923	302,330	10,162
205.00		Unit cost multiplier (Wkst. B, Part II)	0.216035	1.610483	0.072119	0.814515	0.173312
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet B-1		
Date/Time Prepared: 5/24/2019 2:32 pm									
Cost Center Description	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)				
	9.02	10.00	11.00	13.00	14.00				
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01	00101	NEW CAP REL COSTS-WHSE						1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02	
1.03	00103	NEW CAP REL COSTS-PFD						1.03	
1.05	00105	NEW CAP REL COSTS-POB I						1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01	00570	ADMITTING						5.01	
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02	
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03	
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04	
7.00	00700	OPERATION OF PLANT						7.00	
7.01	00701	OPERATION OF PLANT- POB I						7.01	
7.02	00702	OPERATION OF PLANT NW						7.02	
8.00	00800	LAUNDRY & LINEN SERVICE						8.00	
9.00	00900	HOUSEKEEPING						9.00	
9.01	00901	HOUSEKEEPING-POB I						9.01	
9.02	00902	HOUSEKEEPING NW	38,396					9.02	
10.00	01000	DIETARY	0	781,211				10.00	
11.00	01100	CAFETERIA	1,362	575,401	478,231			11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	18,031	1,382,735		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,692	0	27,628,898	14.00	
15.00	01500	PHARMACY	0	0	10,554	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	715	0	13,293	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00	
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	585	0	0	21.00	
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	523	0	0	23.00	
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	831	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	156,037	110,650	747,883	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	15,638	17,108	115,677	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	1,447	1,323	8,996	0	32.00	
41.00	04100	SUBPROVIDER - I RF	0	10,081	4,985	33,617	0	41.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	26,985	160,705	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	3,108	21,077	0	51.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,081	0	18,585	0	0	54.00	
57.00	05700	CT SCAN	2,861	0	4,154	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,348	0	1,231	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,646	0	0	59.00	
60.00	06000	LABORATORY	1,216	0	22,955	0	0	60.00	
60.01	06001	G.I. LAB	0	0	3,631	0	0	60.01	
60.02	06002	VASCULAR LAB	0	0	1,046	0	0	60.02	
60.03	06003	LABORATORY-PATHOLOGY	0	0	3,262	0	0	60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,400	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	3,204	0	14,831	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	11,693	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,954	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	1,108	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	3,323	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,332	0	1,785	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,430,218	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	16,198,680	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	3,385	22,779	0	76.01	
76.03	03550	OP PSYCH	0	0	2,462	0	0	76.03	
76.04	03020	CARDIAC REHAB	0	0	862	0	0	76.04	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	369	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	17,925	0	40,217	272,001	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	39,755	0	0	95.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.02	10.00	11.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	36,044	758,604	398,322	1,382,735	27,628,898	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	585	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	75,385	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	2,352	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	22,607	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	1,169	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	1,077	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	831	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	185	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	677	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	710,595	8,866,859	5,786,993	9,894,732	1,876,602	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.507006	11.350146	12.100832	7.155913	0.067922	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	40,165	657,883	588,485	1,723,727	179,592	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.046073	0.842132	1.010783	1.246607	0.006500	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR & FRINGES (ASSIGNED TIME)	
	15.00	16.00	17.00	17.01	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00591 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	7,860,760					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	29,766	1,077,998,097				16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0		17.00
17.01 01850 RESEARCH ADMIN	0	0	0	100		17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	100	21.00
23.00 02300 PARAMED ED PRGM PASTORAL CARE	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM PHARMACY	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,846	129,282,546	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	478	22,997,726	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	111	1,545,596	0	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	107	4,736,487	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	17,486	69,354,589	0	0	100	50.00
51.00 05100 RECOVERY ROOM	31	8,455,198	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	74,120	22,059,681	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,018	63,185,063	0	0	0	54.00
57.00 05700 CT SCAN	10	82,989,106	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,723,595	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,111	30,000,022	0	0	0	59.00
60.00 06000 LABORATORY	0	120,770,182	0	0	0	60.00
60.01 06001 G.I. LAB	342	10,098,826	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	9,119,079	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	128	10,510,878	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	10,700,108	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	692	24,675,955	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	71	18,928,159	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,399,311	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,070,145	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	36,527,971	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,311,077	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,388,329	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	55,936,725	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,641,692	28,030,164	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	20	4,794,283	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	274	10,076,530	0	0	0	76.01
76.03 03550 OP PSYCH	0	3,134,813	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	918,112	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,866,053	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	1,028	195,450,998	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	21.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	86,429	43,960,790	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,860,760	1,077,998,097	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	100	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,251,158	6,499,405	0	14,082	173,340
203.00		Unit cost multiplier (Wkst. B, Part I)	0.795236	0.006029	0.000000	140.820000	1,733.400000
204.00		Cost to be allocated (per Wkst. B, Part II)	721,823	355,307	0	520	6,726
205.00		Unit cost multiplier (Wkst. B, Part II)	0.091826	0.000330	0.000000	5.200000	67.260000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		PARAMED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	65,348	23.00
23.01	02301	PARAMED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	55,658	30.00
31.00	03100	INTENSIVE CARE UNIT	5,578	31.00
32.00	03200	CORONARY CARE UNIT	516	32.00
41.00	04100	SUBPROVIDER - IRF	3,596	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	G.I. LAB	0	60.01
60.02	06002	VASCULAR LAB	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03320	SHOCK THERAPY	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	76.01
76.03	03550	OP PSYCH	0	76.03
76.04	03020	CARDIAC REHAB	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	65,348	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	190.12
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	192.01
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	110,367	367,516	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.688912	3,675.160000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,401	14,137	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.067347	141.370000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 2:32 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		60,093,402	0	60,093,402
31.00	03100 INTENSIVE CARE UNIT		11,327,641	0	11,327,641
32.00	03200 CORONARY CARE UNIT		764,224	0	764,224
41.00	04100 SUBPROVIDER - I RF		2,790,330	0	2,790,330
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		22,789,707	0	22,789,707
51.00	05100 RECOVERY ROOM		2,061,036	0	2,061,036
53.00	05300 ANESTHESIOLOGY		971,431	0	971,431
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,569,813	0	13,569,813
57.00	05700 CT SCAN		3,577,809	0	3,577,809
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		871,709	0	871,709
59.00	05900 CARDIAC CATHETERIZATION		4,866,174	0	4,866,174
60.00	06000 LABORATORY		17,058,531	0	17,058,531
60.01	06001 G.I. LAB		2,393,229	0	2,393,229
60.02	06002 VASCULAR LAB		679,516	0	679,516
60.03	06003 LABORATORY-PATHOLOGY		2,328,585	0	2,328,585
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,523,622	0	3,523,622
65.00	06500 RESPIRATORY THERAPY	0	7,364,201	0	7,364,201
66.00	06600 PHYSICAL THERAPY	0	5,213,641	0	5,213,641
67.00	06700 OCCUPATIONAL THERAPY	0	2,048,229	0	2,048,229
68.00	06800 SPEECH PATHOLOGY	0	608,598	0	608,598
69.00	06900 ELECTROCARDIOLOGY		1,821,020	0	1,821,020
70.00	07000 ELECTROENCEPHALOGRAPHY		1,076,733	0	1,076,733
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,598,926	0	16,598,926
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		23,684,904	0	23,684,904
73.00	07300 DRUGS CHARGED TO PATIENTS		17,115,598	0	17,115,598
74.00	07400 RENAL DIALYSIS		2,435,262	0	2,435,262
76.00	03320 SHOCK THERAPY		0	0	0
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY		2,400,646	0	2,400,646
76.03	03550 OP PSYCH		991,900	0	991,900
76.04	03020 CARDIAC REHAB		550,080	0	550,080
76.98	07698 HYPERBARIC OXYGEN THERAPY		335,116	0	335,116
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		26,888,229	0	26,888,229
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,753,650	0	4,753,650
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		13,657,929	0	13,657,929
200.00	Subtotal (see instructions)	0	277,211,421	0	277,211,421
201.00	Less Observation Beds		4,753,650	0	4,753,650
202.00	Total (see instructions)	0	272,457,771	0	272,457,771

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/24/2019 2:32 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	123,241,360		123,241,360				30.00
31.00	03100	INTENSIVE CARE UNIT	22,997,726		22,997,726				31.00
32.00	03200	CORONARY CARE UNIT	1,545,596		1,545,596				32.00
41.00	04100	SUBPROVIDER - I RF	4,736,487		4,736,487				41.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,818,232	34,536,357	69,354,589	0.328597	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,493,633	4,961,565	8,455,198	0.243760	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	11,787,601	10,272,079	22,059,680	0.044036	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,854,453	45,330,610	63,185,063	0.214763	0.000000		54.00
57.00	05700	CT SCAN	25,703,610	57,285,496	82,989,106	0.043112	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,450,517	7,273,077	11,723,594	0.074355	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,047,558	13,952,464	30,000,022	0.162206	0.000000		59.00
60.00	06000	LABORATORY	47,730,011	73,040,172	120,770,183	0.141248	0.000000		60.00
60.01	06001	G.I. LAB	3,205,942	6,892,883	10,098,825	0.236981	0.000000		60.01
60.02	06002	VASCULAR LAB	4,723,523	4,395,556	9,119,079	0.074516	0.000000		60.02
60.03	06003	LABORATORY-PATHOLOGY	2,484,661	8,026,218	10,510,879	0.221540	0.000000		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,460,703	2,239,404	10,700,107	0.329307	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	20,898,602	3,777,353	24,675,955	0.298436	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,990,868	11,937,291	18,928,159	0.275444	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,536,535	862,777	6,399,312	0.320070	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,777,010	293,135	2,070,145	0.293988	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	21,505,432	15,022,538	36,527,970	0.049853	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	860,630	5,450,447	6,311,077	0.170610	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,304,807	12,083,522	31,388,329	0.528825	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,456,461	24,480,264	55,936,725	0.423423	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,088,418	5,941,746	28,030,164	0.610614	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,588,689	205,594	4,794,283	0.507951	0.000000		74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	35,349	10,041,181	10,076,530	0.238241	0.000000		76.01
76.03	03550	OP PSYCH	5,409	3,129,404	3,134,813	0.316414	0.000000		76.03
76.04	03020	CARDIAC REHAB	307	917,805	918,112	0.599143	0.000000		76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	1,866,053	1,866,053	0.179585	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	28,733,672	166,717,327	195,450,999	0.137570	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,336,398	4,704,789	6,041,187	0.786874	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	112,872	43,847,919	43,960,791	0.310684	0.000000		95.00
200.00		Subtotal (see instructions)	498,513,072	579,485,026	1,077,998,098				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	498,513,072	579,485,026	1,077,998,098				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.328597		50.00
51.00	05100 RECOVERY ROOM	0.243760		51.00
53.00	05300 ANESTHESIOLOGY	0.044036		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.214763		54.00
57.00	05700 CT SCAN	0.043112		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074355		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.162206		59.00
60.00	06000 LABORATORY	0.141248		60.00
60.01	06001 G. I. LAB	0.236981		60.01
60.02	06002 VASCULAR LAB	0.074516		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.221540		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.329307		63.00
65.00	06500 RESPIRATORY THERAPY	0.298436		65.00
66.00	06600 PHYSICAL THERAPY	0.275444		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320070		67.00
68.00	06800 SPEECH PATHOLOGY	0.293988		68.00
69.00	06900 ELECTROCARDIOLOGY	0.049853		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170610		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.528825		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.423423		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.610614		73.00
74.00	07400 RENAL DIALYSIS	0.507951		74.00
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.238241		76.01
76.03	03550 OP PSYCH	0.316414		76.03
76.04	03020 CARDIAC REHAB	0.599143		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.179585		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.137570		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.786874		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.310684		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet C
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	60,093,402	60,093,402	0	60,093,402	30.00
31.00	03100 INTENSIVE CARE UNIT	11,327,641	11,327,641	0	11,327,641	31.00
32.00	03200 CORONARY CARE UNIT	764,224	764,224	0	764,224	32.00
41.00	04100 SUBPROVIDER - I RF	2,790,330	2,790,330	0	2,790,330	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	22,789,707	22,789,707	0	22,789,707	50.00
51.00	05100 RECOVERY ROOM	2,061,036	2,061,036	0	2,061,036	51.00
53.00	05300 ANESTHESIOLOGY	971,431	971,431	0	971,431	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,569,813	13,569,813	0	13,569,813	54.00
57.00	05700 CT SCAN	3,577,809	3,577,809	0	3,577,809	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	871,709	871,709	0	871,709	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,866,174	4,866,174	0	4,866,174	59.00
60.00	06000 LABORATORY	17,058,531	17,058,531	0	17,058,531	60.00
60.01	06001 G.I. LAB	2,393,229	2,393,229	0	2,393,229	60.01
60.02	06002 VASCULAR LAB	679,516	679,516	0	679,516	60.02
60.03	06003 LABORATORY-PATHOLOGY	2,328,585	2,328,585	0	2,328,585	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,523,622	3,523,622	0	3,523,622	63.00
65.00	06500 RESPIRATORY THERAPY	7,364,201	7,364,201	0	7,364,201	65.00
66.00	06600 PHYSICAL THERAPY	5,213,641	5,213,641	0	5,213,641	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,048,229	2,048,229	0	2,048,229	67.00
68.00	06800 SPEECH PATHOLOGY	608,598	608,598	0	608,598	68.00
69.00	06900 ELECTROCARDIOLOGY	1,821,020	1,821,020	0	1,821,020	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,076,733	1,076,733	0	1,076,733	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,598,926	16,598,926	0	16,598,926	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,684,904	23,684,904	0	23,684,904	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,115,598	17,115,598	0	17,115,598	73.00
74.00	07400 RENAL DIALYSIS	2,435,262	2,435,262	0	2,435,262	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,400,646	2,400,646	0	2,400,646	76.01
76.03	03550 OP PSYCH	991,900	991,900	0	991,900	76.03
76.04	03020 CARDIAC REHAB	550,080	550,080	0	550,080	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	335,116	335,116	0	335,116	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	26,888,229	26,888,229	0	26,888,229	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,753,650	4,753,650	0	4,753,650	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	13,657,929	13,657,929	0	13,657,929	95.00
200.00	Subtotal (see instructions)	277,211,421	277,211,421	0	277,211,421	200.00
201.00	Less Observation Beds	4,753,650	4,753,650	0	4,753,650	201.00
202.00	Total (see instructions)	272,457,771	272,457,771	0	272,457,771	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/24/2019 2:32 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,241,360		123,241,360			30.00
31.00	03100	INTENSIVE CARE UNIT	22,997,726		22,997,726			31.00
32.00	03200	CORONARY CARE UNIT	1,545,596		1,545,596			32.00
41.00	04100	SUBPROVIDER - I RF	4,736,487		4,736,487			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,818,232	34,536,357	69,354,589	0.328597	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,493,633	4,961,565	8,455,198	0.243760	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	11,787,601	10,272,079	22,059,680	0.044036	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,854,453	45,330,610	63,185,063	0.214763	0.000000	54.00
57.00	05700	CT SCAN	25,703,610	57,285,496	82,989,106	0.043112	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,450,517	7,273,077	11,723,594	0.074355	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,047,558	13,952,464	30,000,022	0.162206	0.000000	59.00
60.00	06000	LABORATORY	47,730,011	73,040,172	120,770,183	0.141248	0.000000	60.00
60.01	06001	G.I. LAB	3,205,942	6,892,883	10,098,825	0.236981	0.000000	60.01
60.02	06002	VASCULAR LAB	4,723,523	4,395,556	9,119,079	0.074516	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,484,661	8,026,218	10,510,879	0.221540	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,460,703	2,239,404	10,700,107	0.329307	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,898,602	3,777,353	24,675,955	0.298436	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,990,868	11,937,291	18,928,159	0.275444	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,536,535	862,777	6,399,312	0.320070	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,777,010	293,135	2,070,145	0.293988	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,505,432	15,022,538	36,527,970	0.049853	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	860,630	5,450,447	6,311,077	0.170610	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,304,807	12,083,522	31,388,329	0.528825	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,456,461	24,480,264	55,936,725	0.423423	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,088,418	5,941,746	28,030,164	0.610614	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,588,689	205,594	4,794,283	0.507951	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	35,349	10,041,181	10,076,530	0.238241	0.000000	76.01
76.03	03550	OP PSYCH	5,409	3,129,404	3,134,813	0.316414	0.000000	76.03
76.04	03020	CARDIAC REHAB	307	917,805	918,112	0.599143	0.000000	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	1,866,053	1,866,053	0.179585	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	28,733,672	166,717,327	195,450,999	0.137570	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,336,398	4,704,789	6,041,187	0.786874	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	112,872	43,847,919	43,960,791	0.310684	0.000000	95.00
200.00		Subtotal (see instructions)	498,513,072	579,485,026	1,077,998,098			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	498,513,072	579,485,026	1,077,998,098			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 2:32 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.328597		50.00
51.00	05100 RECOVERY ROOM	0.243760		51.00
53.00	05300 ANESTHESIOLOGY	0.044036		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.214763		54.00
57.00	05700 CT SCAN	0.043112		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074355		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.162206		59.00
60.00	06000 LABORATORY	0.141248		60.00
60.01	06001 G. I. LAB	0.236981		60.01
60.02	06002 VASCULAR LAB	0.074516		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.221540		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.329307		63.00
65.00	06500 RESPIRATORY THERAPY	0.298436		65.00
66.00	06600 PHYSICAL THERAPY	0.275444		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320070		67.00
68.00	06800 SPEECH PATHOLOGY	0.293988		68.00
69.00	06900 ELECTROCARDIOLOGY	0.049853		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170610		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.528825		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.423423		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.610614		73.00
74.00	07400 RENAL DIALYSIS	0.507951		74.00
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.238241		76.01
76.03	03550 OP PSYCH	0.316414		76.03
76.04	03020 CARDIAC REHAB	0.599143		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.179585		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.137570		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.786874		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.310684		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Title XIX			Hospital		PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,789,707	2,895,754	19,893,953	0	0	50.00	
51.00	05100	RECOVERY ROOM	2,061,036	145,280	1,915,756	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	971,431	92,750	878,681	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,569,813	1,487,817	12,081,996	0	0	54.00	
57.00	05700	CT SCAN	3,577,809	311,842	3,265,967	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	871,709	94,587	777,122	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,866,174	703,507	4,162,667	0	0	59.00	
60.00	06000	LABORATORY	17,058,531	1,011,104	16,047,427	0	0	60.00	
60.01	06001	G.I. LAB	2,393,229	355,865	2,037,364	0	0	60.01	
60.02	06002	VASCULAR LAB	679,516	60,049	619,467	0	0	60.02	
60.03	06003	LABORATORY-PATHOLOGY	2,328,585	184,819	2,143,766	0	0	60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,523,622	144,013	3,379,609	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	7,364,201	446,329	6,917,872	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	5,213,641	286,560	4,927,081	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,048,229	113,019	1,935,210	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	608,598	43,827	564,771	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,821,020	176,643	1,644,377	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,076,733	122,709	954,024	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,598,926	664,326	15,934,600	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,684,904	949,675	22,735,229	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,115,598	1,100,987	16,014,611	0	0	73.00	
74.00	07400	RENAL DIALYSIS	2,435,262	136,877	2,298,385	0	0	74.00	
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,400,646	145,378	2,255,268	0	0	76.01	
76.03	03550	OP PSYCH	991,900	46,408	945,492	0	0	76.03	
76.04	03020	CARDIAC REHAB	550,080	56,645	493,435	0	0	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	335,116	12,981	322,135	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	26,888,229	2,631,283	24,256,946	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,753,650	400,818	4,352,832	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	13,657,929	1,131,373	12,526,556	0	0	95.00	
200.00		Subtotal (sum of lines 50 thru 199)	202,235,824	15,953,225	186,282,599	0	0	200.00	
201.00		Less Observation Beds	4,753,650	400,818	4,352,832	0	0	201.00	
202.00		Total (line 200 minus line 201)	197,482,174	15,552,407	181,929,767	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	22,789,707	69,354,589	0.328597	50.00
51.00	05100 RECOVERY ROOM	2,061,036	8,455,198	0.243760	51.00
53.00	05300 ANESTHESIOLOGY	971,431	22,059,680	0.044036	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,569,813	63,185,063	0.214763	54.00
57.00	05700 CT SCAN	3,577,809	82,989,106	0.043112	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	871,709	11,723,594	0.074355	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,866,174	30,000,022	0.162206	59.00
60.00	06000 LABORATORY	17,058,531	120,770,183	0.141248	60.00
60.01	06001 G.I. LAB	2,393,229	10,098,825	0.236981	60.01
60.02	06002 VASCULAR LAB	679,516	9,119,079	0.074516	60.02
60.03	06003 LABORATORY-PATHOLOGY	2,328,585	10,510,879	0.221540	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,523,622	10,700,107	0.329307	63.00
65.00	06500 RESPIRATORY THERAPY	7,364,201	24,675,955	0.298436	65.00
66.00	06600 PHYSICAL THERAPY	5,213,641	18,928,159	0.275444	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,048,229	6,399,312	0.320070	67.00
68.00	06800 SPEECH PATHOLOGY	608,598	2,070,145	0.293988	68.00
69.00	06900 ELECTROCARDIOLOGY	1,821,020	36,527,970	0.049853	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,076,733	6,311,077	0.170610	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,598,926	31,388,329	0.528825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,684,904	55,936,725	0.423423	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,115,598	28,030,164	0.610614	73.00
74.00	07400 RENAL DIALYSIS	2,435,262	4,794,283	0.507951	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,400,646	10,076,530	0.238241	76.01
76.03	03550 OP PSYCH	991,900	3,134,813	0.316414	76.03
76.04	03020 CARDIAC REHAB	550,080	918,112	0.599143	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	335,116	1,866,053	0.179585	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	26,888,229	195,450,999	0.137570	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,753,650	6,041,187	0.786874	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	13,657,929	43,960,791	0.310684	95.00
200.00	Subtotal (sum of lines 50 thru 199)	202,235,824	925,476,929		200.00
201.00	Less Observation Beds	4,753,650	0		201.00
202.00	Total (line 200 minus line 201)	197,482,174	925,476,929		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,066,956	0	5,066,956	60,022	84.42	30.00
31.00	INTENSIVE CARE UNIT	721,969		721,969	5,578	129.43	31.00
32.00	CORONARY CARE UNIT	52,614		52,614	516	101.97	32.00
41.00	SUBPROVIDER - IRF	255,385	0	255,385	3,596	71.02	41.00
200.00	Total (lines 30 through 199)	6,096,924		6,096,924	69,712		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	21,387	1,805,491				
31.00	INTENSIVE CARE UNIT	2,404	311,150				
32.00	CORONARY CARE UNIT	177	18,049				
41.00	SUBPROVIDER - IRF	1,483	105,323				
200.00	Total (lines 30 through 199)	25,451	2,240,013				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/24/2019 2:32 pm
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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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,895,754	69,354,589	0.041753	17,793,639	742,938	50.00
51.00	05100	RECOVERY ROOM	145,280	8,455,198	0.017182	1,311,123	22,528	51.00
53.00	05300	ANESTHESIOLOGY	92,750	22,059,680	0.004205	4,508,473	18,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,487,817	63,185,063	0.023547	5,299,702	124,792	54.00
57.00	05700	CT SCAN	311,842	82,989,106	0.003758	9,156,778	34,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,587	11,723,594	0.008068	1,355,624	10,937	58.00
59.00	05900	CARDIAC CATHETERIZATION	703,507	30,000,022	0.023450	3,061,770	71,799	59.00
60.00	06000	LABORATORY	1,011,104	120,770,183	0.008372	19,722,537	165,117	60.00
60.01	06001	G.I. LAB	355,865	10,098,825	0.035238	965,129	34,009	60.01
60.02	06002	VASCULAR LAB	60,049	9,119,079	0.006585	1,921,859	12,655	60.02
60.03	06003	LABORATORY-PATHOLOGY	184,819	10,510,879	0.017584	1,015,295	17,853	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	144,013	10,700,107	0.013459	2,445,263	32,911	63.00
65.00	06500	RESPIRATORY THERAPY	446,329	24,675,955	0.018088	8,571,501	155,041	65.00
66.00	06600	PHYSICAL THERAPY	286,560	18,928,159	0.015139	1,860,967	28,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	113,019	6,399,312	0.017661	1,377,690	24,331	67.00
68.00	06800	SPEECH PATHOLOGY	43,827	2,070,145	0.021171	468,832	9,926	68.00
69.00	06900	ELECTROCARDIOLOGY	176,643	36,527,970	0.004836	8,465,931	40,941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,709	6,311,077	0.019443	333,510	6,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	664,326	31,388,329	0.021165	6,815,727	144,255	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	949,675	55,936,725	0.016978	11,690,503	198,481	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,100,987	28,030,164	0.039279	12,708,750	499,187	73.00
74.00	07400	RENAL DIALYSIS	136,877	4,794,283	0.028550	2,638,280	75,323	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	145,378	10,076,530	0.014427	33,607	485	76.01
76.03	03550	OP PSYCH	46,408	3,134,813	0.014804	3,795	56	76.03
76.04	03020	CARDIAC REHAB	56,645	918,112	0.061697	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	12,981	1,866,053	0.006956	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,631,283	195,450,999	0.013463	8,973,902	120,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	400,818	6,041,187	0.066348	506,067	33,577	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,821,852	881,516,138		133,006,254	2,625,984	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	94,002	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,421	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	871	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	6,073	0	41.00
200.00		Total (lines 30 through 199)	0	0	0	110,367	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	94,002	60,022	1.57	21,387	30.00
31.00	03100	INTENSIVE CARE UNIT		9,421	5,578	1.69	2,404	31.00
32.00	03200	CORONARY CARE UNIT		871	516	1.69	177	32.00
41.00	04100	SUBPROVIDER - IRF	0	6,073	3,596	1.69	1,483	41.00
200.00		Total (lines 30 through 199)		110,367	69,712		25,451	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,578	0				30.00
31.00	03100	INTENSIVE CARE UNIT	4,063	0				31.00
32.00	03200	CORONARY CARE UNIT	299	0				32.00
41.00	04100	SUBPROVIDER - IRF	2,506	0				41.00
200.00		Total (lines 30 through 199)	40,446	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 G.I. LAB	0	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	367,516	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	0	76.01
76.03 03550 OP PSYCH	0	0	0	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	0	0	0	0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	7,435	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	374,951	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	374,951	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	69,354,589	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,455,198	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,059,680	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	63,185,063	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	82,989,106	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,723,594	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,000,022	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	120,770,183	0.000000	60.00
60.01	06001	G.I. LAB	0	0	0	10,098,825	0.000000	60.01
60.02	06002	VASCULAR LAB	0	0	0	9,119,079	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	10,510,879	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,700,107	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,675,955	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,928,159	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,399,312	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,070,145	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,527,970	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,311,077	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,388,329	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	55,936,725	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	367,516	367,516	28,030,164	0.013111	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,794,283	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	10,076,530	0.000000	76.01
76.03	03550	OP PSYCH	0	0	0	3,134,813	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	0	0	918,112	0.000000	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	1,866,053	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	195,450,999	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,435	7,435	6,041,187	0.001231	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	374,951	374,951	881,516,138		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	17,793,639	0	12,928,070	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,311,123	0	2,170,779	0	51.00	
53.00	05300	ANESTHESIOLOGY	0.000000	4,508,473	0	2,621,978	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,299,702	0	7,365,005	0	54.00	
57.00	05700	CT SCAN	0.000000	9,156,778	0	10,389,122	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,355,624	0	1,599,709	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,061,770	0	2,707,530	0	59.00	
60.00	06000	LABORATORY	0.000000	19,722,537	0	4,872,126	0	60.00	
60.01	06001	G.I. LAB	0.000000	965,129	0	1,288,925	0	60.01	
60.02	06002	VASCULAR LAB	0.000000	1,921,859	0	1,178,087	0	60.02	
60.03	06003	LABORATORY-PATHOLOGY	0.000000	1,015,295	0	1,229,400	0	60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,445,263	0	51,341	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,571,501	0	859,244	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	1,860,967	0	78,446	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,377,690	0	40,558	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	468,832	0	8,320	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,465,931	0	3,488,098	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	333,510	0	1,468,781	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	6,815,727	0	3,334,164	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	11,690,503	0	8,696,986	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.013111	12,708,750	166,624	4,639,078	60,823	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	2,638,280	0	0	0	74.00	
76.00	03320	SHOCK THERAPY	0.000000	0	0	0	0	76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	33,607	0	2,200,527	0	76.01	
76.03	03550	OP PSYCH	0.000000	3,795	0	1,303,243	0	76.03	
76.04	03020	CARDIAC REHAB	0.000000	0	0	352,569	0	76.04	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	1,059,672	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000	8,973,902	0	14,729,193	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001231	506,067	623	729,918	899	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		133,006,254	167,247	91,390,869	61,722	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 G.I. LAB	0	0			60.01
60.02	06002 VASCULAR LAB	0	0			60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0			60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03320 SHOCK THERAPY	0	0			76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0			76.01
76.03	03550 OP PSYCH	0	0			76.03
76.04	03020 CARDIAC REHAB	0	0			76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.328597	12,928,070	0	0	4,248,125 50.00
51.00 05100 RECOVERY ROOM	0.243760	2,170,779	0	0	529,149 51.00
53.00 05300 ANESTHESIOLOGY	0.044036	2,621,978	0	0	115,461 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.214763	7,365,005	0	0	1,581,731 54.00
57.00 05700 CT SCAN	0.043112	10,389,122	0	0	447,896 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074355	1,599,709	0	0	118,946 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.162206	2,707,530	0	0	439,178 59.00
60.00 06000 LABORATORY	0.141248	4,872,126	0	0	688,178 60.00
60.01 06001 G.I. LAB	0.236981	1,288,925	0	0	305,451 60.01
60.02 06002 VASCULAR LAB	0.074516	1,178,087	0	0	87,786 60.02
60.03 06003 LABORATORY-PATHOLOGY	0.221540	1,229,400	0	0	272,361 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.329307	51,341	0	0	16,907 63.00
65.00 06500 RESPIRATORY THERAPY	0.298436	859,244	0	0	256,429 65.00
66.00 06600 PHYSICAL THERAPY	0.275444	78,446	0	0	21,607 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.320070	40,558	0	0	12,981 67.00
68.00 06800 SPEECH PATHOLOGY	0.293988	8,320	0	0	2,446 68.00
69.00 06900 ELECTROCARDIOLOGY	0.049853	3,488,098	0	0	173,892 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.170610	1,468,781	0	0	250,589 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.528825	3,334,164	0	0	1,763,189 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.423423	8,696,986	0	0	3,682,504 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.610614	4,639,078	44,549	0	2,832,686 73.00
74.00 07400 RENAL DIALYSIS	0.507951	0	0	0	0 74.00
76.00 03320 SHOCK THERAPY	0.000000	0	0	0	0 76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.238241	2,200,527	0	0	524,256 76.01
76.03 03550 OP PSYCH	0.316414	1,303,243	0	0	412,364 76.03
76.04 03020 CARDIAC REHAB	0.599143	352,569	0	0	211,239 76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.179585	1,059,672	0	0	190,301 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.137570	14,729,193	0	0	2,026,295 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.786874	729,918	0	0	574,353 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.310684		0	0	
200.00	Subtotal (see instructions)		91,390,869	44,549	21,786,300 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0 201.00
202.00	Net Charges (line 200 - line 201)		91,390,869	44,549	21,786,300 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 2:32 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	0		60.01
60.02 06002 VASCULAR LAB	0	0		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	27,202	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.03 03550 OP PSYCH	0	0		76.03
76.04 03020 CARDIAC REHAB	0	0		76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	27,202	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)	27,202	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/24/2019 2:32 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,895,754	69,354,589	0.041753	32,579	1,360	50.00
51.00	05100 RECOVERY ROOM	145,280	8,455,198	0.017182	1,005	17	51.00
53.00	05300 ANESTHESIOLOGY	92,750	22,059,680	0.004205	2,006	8	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,487,817	63,185,063	0.023547	33,271	783	54.00
57.00	05700 CT SCAN	311,842	82,989,106	0.003758	31,485	118	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	94,587	11,723,594	0.008068	20,456	165	58.00
59.00	05900 CARDIAC CATHETERIZATION	703,507	30,000,022	0.023450	0	0	59.00
60.00	06000 LABORATORY	1,011,104	120,770,183	0.008372	313,224	2,622	60.00
60.01	06001 G.I. LAB	355,865	10,098,825	0.035238	4,270	150	60.01
60.02	06002 VASCULAR LAB	60,049	9,119,079	0.006585	18,623	123	60.02
60.03	06003 LABORATORY-PATHOLOGY	184,819	10,510,879	0.017584	10,108	178	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	144,013	10,700,107	0.013459	13,616	183	63.00
65.00	06500 RESPIRATORY THERAPY	446,329	24,675,955	0.018088	107,060	1,937	65.00
66.00	06600 PHYSICAL THERAPY	286,560	18,928,159	0.015139	991,766	15,014	66.00
67.00	06700 OCCUPATIONAL THERAPY	113,019	6,399,312	0.017661	912,046	16,108	67.00
68.00	06800 SPEECH PATHOLOGY	43,827	2,070,145	0.021171	225,074	4,765	68.00
69.00	06900 ELECTROCARDIOLOGY	176,643	36,527,970	0.004836	26,960	130	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	122,709	6,311,077	0.019443	3,882	75	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	664,326	31,388,329	0.021165	8,784	186	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	949,675	55,936,725	0.016978	1,001	17	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,100,987	28,030,164	0.039279	164,830	6,474	73.00
74.00	07400 RENAL DIALYSIS	136,877	4,794,283	0.028550	117,382	3,351	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	145,378	10,076,530	0.014427	126	2	76.01
76.03	03550 OP PSYCH	46,408	3,134,813	0.014804	0	0	76.03
76.04	03020 CARDIAC REHAB	56,645	918,112	0.061697	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	12,981	1,866,053	0.006956	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	2,631,283	195,450,999	0.013463	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,041,187	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	14,421,034	881,516,138		3,039,554	53,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	367,516	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	367,516	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	69,354,589	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,455,198	0.000000 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,059,680	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	63,185,063	0.000000 54.00
57.00	05700	CT SCAN	0	0	0	82,989,106	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,723,594	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,000,022	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	120,770,183	0.000000 60.00
60.01	06001	G.I. LAB	0	0	0	10,098,825	0.000000 60.01
60.02	06002	VASCULAR LAB	0	0	0	9,119,079	0.000000 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	10,510,879	0.000000 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,700,107	0.000000 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,675,955	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,928,159	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,399,312	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,070,145	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,527,970	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,311,077	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,388,329	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	55,936,725	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	367,516	367,516	28,030,164	0.013111 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,794,283	0.000000 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	10,076,530	0.000000 76.01
76.03	03550	OP PSYCH	0	0	0	3,134,813	0.000000 76.03
76.04	03020	CARDIAC REHAB	0	0	0	918,112	0.000000 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,866,053	0.000000 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	195,450,999	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,041,187	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	367,516	367,516	881,516,138	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	32,579	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,005	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,006	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	33,271	0	0	54.00
57.00	05700	CT SCAN	0.000000	31,485	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	20,456	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	313,224	0	0	60.00
60.01	06001	G.I. LAB	0.000000	4,270	0	0	60.01
60.02	06002	VASCULAR LAB	0.000000	18,623	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000	10,108	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	13,616	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	107,060	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	991,766	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	912,046	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	225,074	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	26,960	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,882	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,784	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	1,001	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.013111	164,830	2,161	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	117,382	0	0	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	126	0	0	76.01
76.03	03550	OP PSYCH	0.000000	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0.000000	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		3,039,554	2,161	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,066,956	0	5,066,956	60,022	84.42	30.00	
31.00	INTENSIVE CARE UNIT	721,969		721,969	5,578	129.43	31.00	
32.00	CORONARY CARE UNIT	52,614		52,614	516	101.97	32.00	
41.00	SUBPROVIDER - IRF	255,385	0	255,385	3,596	71.02	41.00	
200.00	Total (lines 30 through 199)	6,096,924		6,096,924	69,712		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	7,058	595,836					30.00
31.00	INTENSIVE CARE UNIT	581	75,199					31.00
32.00	CORONARY CARE UNIT	132	13,460					32.00
41.00	SUBPROVIDER - IRF	411	29,189					41.00
200.00	Total (lines 30 through 199)	8,182	713,684					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,895,754	69,354,589	0.041753	3,177,057	132,652	50.00
51.00	05100	RECOVERY ROOM	145,280	8,455,198	0.017182	259,384	4,457	51.00
53.00	05300	ANESTHESIOLOGY	92,750	22,059,680	0.004205	782,800	3,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,487,817	63,185,063	0.023547	1,622,733	38,210	54.00
57.00	05700	CT SCAN	311,842	82,989,106	0.003758	3,038,350	11,418	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,587	11,723,594	0.008068	623,187	5,028	58.00
59.00	05900	CARDIAC CATHETERIZATION	703,507	30,000,022	0.023450	699,783	16,410	59.00
60.00	06000	LABORATORY	1,011,104	120,770,183	0.008372	6,356,799	53,219	60.00
60.01	06001	G.I. LAB	355,865	10,098,825	0.035238	350,101	12,337	60.01
60.02	06002	VASCULAR LAB	60,049	9,119,079	0.006585	583,592	3,843	60.02
60.03	06003	LABORATORY-PATHOLOGY	184,819	10,510,879	0.017584	214,229	3,767	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	144,013	10,700,107	0.013459	596,036	8,022	63.00
65.00	06500	RESPIRATORY THERAPY	446,329	24,675,955	0.018088	2,879,602	52,086	65.00
66.00	06600	PHYSICAL THERAPY	286,560	18,928,159	0.015139	706,837	10,701	66.00
67.00	06700	OCCUPATIONAL THERAPY	113,019	6,399,312	0.017661	582,687	10,291	67.00
68.00	06800	SPEECH PATHOLOGY	43,827	2,070,145	0.021171	211,138	4,470	68.00
69.00	06900	ELECTROCARDIOLOGY	176,643	36,527,970	0.004836	2,177,737	10,532	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,709	6,311,077	0.019443	169,134	3,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	664,326	31,388,329	0.021165	971,258	20,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	949,675	55,936,725	0.016978	1,445,239	24,537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,100,987	28,030,164	0.039279	4,313,421	169,427	73.00
74.00	07400	RENAL DIALYSIS	136,877	4,794,283	0.028550	551,128	15,735	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	145,378	10,076,530	0.014427	595	9	76.01
76.03	03550	OP PSYCH	46,408	3,134,813	0.014804	0	0	76.03
76.04	03020	CARDIAC REHAB	56,645	918,112	0.061697	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	12,981	1,866,053	0.006956	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,631,283	195,450,999	0.013463	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	400,818	6,041,187	0.066348	137,169	9,101	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,821,852	881,516,138		32,449,996	623,389	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	94,002	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,421	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	871	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	6,073	0	41.00
200.00		Total (lines 30 through 199)	0	0	0	110,367	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	94,002	60,022	1.57	7,058	30.00
31.00	03100	INTENSIVE CARE UNIT		9,421	5,578	1.69	581	31.00
32.00	03200	CORONARY CARE UNIT		871	516	1.69	132	32.00
41.00	04100	SUBPROVIDER - IRF	0	6,073	3,596	1.69	411	41.00
200.00		Total (lines 30 through 199)		110,367	69,712		8,182	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,081	0				30.00
31.00	03100	INTENSIVE CARE UNIT	982	0				31.00
32.00	03200	CORONARY CARE UNIT	223	0				32.00
41.00	04100	SUBPROVIDER - IRF	695	0				41.00
200.00		Total (lines 30 through 199)	12,981	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 G.I. LAB	0	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	367,516	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	0	76.01
76.03 03550 OP PSYCH	0	0	0	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	0	0	0	0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	367,516	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	367,516	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	69,354,589	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,455,198	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,059,680	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	63,185,063	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	82,989,106	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,723,594	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,000,022	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	120,770,183	0.000000	60.00
60.01	06001	G.I. LAB	0	0	0	10,098,825	0.000000	60.01
60.02	06002	VASCULAR LAB	0	0	0	9,119,079	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	10,510,879	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,700,107	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,675,955	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,928,159	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,399,312	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,070,145	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,527,970	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,311,077	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,388,329	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	55,936,725	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	367,516	367,516	28,030,164	0.013111	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,794,283	0.000000	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	10,076,530	0.000000	76.01
76.03	03550	OP PSYCH	0	0	0	3,134,813	0.000000	76.03
76.04	03020	CARDIAC REHAB	0	0	0	918,112	0.000000	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	1,866,053	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	195,450,999	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,041,187	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	367,516	367,516	881,516,138		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	3,177,057	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	259,384	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	782,800	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,622,733	0	0	0	54.00
57.00	05700 CT SCAN	0.000000	3,038,350	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	623,187	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	699,783	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	6,356,799	0	0	0	60.00
60.01	06001 G.I. LAB	0.000000	350,101	0	0	0	60.01
60.02	06002 VASCULAR LAB	0.000000	583,592	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.000000	214,229	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	596,036	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,879,602	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	706,837	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	582,687	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	211,138	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,177,737	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	169,134	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	971,258	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	1,445,239	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.013111	4,313,421	56,553	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	551,128	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	595	0	0	0	76.01
76.03	03550 OP PSYCH	0.000000	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0.000000	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	137,169	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		32,449,996	56,553	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 2:32 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.03	03550	OP PSYCH	0	0		76.03
76.04	03020	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 2:32 pm
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		Title XIX		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.328597	0	0	2,260,516	0	50.00
51.00	05100 RECOVERY ROOM	0.243760	0	0	485,471	0	51.00
53.00	05300 ANESTHESIOLOGY	0.044036	0	0	521,882	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.214763	0	0	3,018,882	0	54.00
57.00	05700 CT SCAN	0.043112	0	0	3,935,926	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074355	0	0	523,099	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.162206	0	0	300,748	0	59.00
60.00	06000 LABORATORY	0.141248	0	0	4,322,299	0	60.00
60.01	06001 G.I. LAB	0.236981	0	0	309,152	0	60.01
60.02	06002 VASCULAR LAB	0.074516	0	0	258,044	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.221540	0	0	188,085	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.329307	0	0	31,279	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.298436	0	0	286,612	0	65.00
66.00	06600 PHYSICAL THERAPY	0.275444	0	0	1,006,211	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320070	0	0	154,305	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.293988	0	0	63,830	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.049853	0	0	1,125,827	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170610	0	0	444,280	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.528825	0	0	1,354,490	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.423423	0	0	822,199	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.610614	0	0	586,659	0	73.00
74.00	07400 RENAL DIALYSIS	0.507951	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.238241	0	0	267,742	0	76.01
76.03	03550 OP PSYCH	0.316414	0	0	15,722	0	76.03
76.04	03020 CARDIAC REHAB	0.599143	0	0	21,012	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.179585	0	0	44,220	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.137570	0	0	15,421,582	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.786874	0	0	474,500	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.310684	0	0			95.00
200.00	Subtotal (see instructions)		0	0	38,244,574	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	38,244,574	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 2:32 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	742,799		50.00
51.00 05100 RECOVERY ROOM	0	118,338		51.00
53.00 05300 ANESTHESIOLOGY	0	22,982		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	648,344		54.00
57.00 05700 CT SCAN	0	169,686		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	38,895		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	48,783		59.00
60.00 06000 LABORATORY	0	610,516		60.00
60.01 06001 G.I. LAB	0	73,263		60.01
60.02 06002 VASCULAR LAB	0	19,228		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	41,668		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	10,300		63.00
65.00 06500 RESPIRATORY THERAPY	0	85,535		65.00
66.00 06600 PHYSICAL THERAPY	0	277,155		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	49,388		67.00
68.00 06800 SPEECH PATHOLOGY	0	18,765		68.00
69.00 06900 ELECTROCARDIOLOGY	0	56,126		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	75,799		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	716,288		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	348,138		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	358,222		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	63,787		76.01
76.03 03550 OP PSYCH	0	4,975		76.03
76.04 03020 CARDIAC REHAB	0	12,589		76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	7,941		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	2,121,547		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	373,372		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	7,114,429		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	7,114,429		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,022	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)		55,274	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		21,387	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,093,402	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)		60,093,402	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,093,402	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,001.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,412,451	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)		21,412,451	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	11,327,641	5,578	2,030.77	2,404	4,881,971			43.00
44.00	764,224	516	1,481.05	177	262,146			44.00
45.00								45.00
46.00								46.00
47.00								47.00
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,108,264		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					62,664,832		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,172,630		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,793,231		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,965,861		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,698,971		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)					4,748		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,001.19		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,753,650		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,066,956	60,093,402	0.084318	4,753,650	400,818	90.00
91.00	Nursing School cost	0	60,093,402	0.000000	4,753,650	0	91.00
92.00	Allied health cost	94,002	60,093,402	0.001564	4,753,650	7,435	92.00
93.00	All other Medical Education	0	60,093,402	0.000000	4,753,650	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,596 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,596 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,596 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)			1,483 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,790,330 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,790,330 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,790,330 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			775.95 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,150,734 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,150,734 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					905,018	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,055,752	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)					107,829	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					55,927	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					163,756	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,891,996	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	255,385	2,790,330	0.091525	0	0	90.00
91.00	Nursing School cost	0	2,790,330	0.000000	0	0	91.00
92.00	Allied health cost	6,073	2,790,330	0.002176	0	0	92.00
93.00	All other Medical Education	0	2,790,330	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,022	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)		55,274	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,058	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,093,402	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)		60,093,402	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,093,402	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,001.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,066,399	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)		7,066,399	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	11,327,641	5,578	2,030.77	581	1,179,877		43.00
44.00	764,224	516	1,481.05	132	195,499		44.00
45.00							45.00
46.00							46.00
47.00							47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,636,583	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,078,358	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)					696,781	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					679,942	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,376,723	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,701,635	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)					4,748	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,001.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,753,650	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,066,956	60,093,402	0.084318	4,753,650	400,818	90.00
91.00	Nursing School cost	0	60,093,402	0.000000	4,753,650	0	91.00
92.00	Allied health cost	94,002	60,093,402	0.001564	4,753,650	7,435	92.00
93.00	All other Medical Education	0	60,093,402	0.000000	4,753,650	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		48,251,458	30.00
31.00	03100	INTENSIVE CARE UNIT		10,027,528	31.00
32.00	03200	CORONARY CARE UNIT		528,693	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328597	17,793,639	50.00
51.00	05100	RECOVERY ROOM	0.243760	1,311,123	51.00
53.00	05300	ANESTHESIOLOGY	0.044036	4,508,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.214763	5,299,702	54.00
57.00	05700	CT SCAN	0.043112	9,156,778	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074355	1,355,624	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162206	3,061,770	59.00
60.00	06000	LABORATORY	0.141248	19,722,537	60.00
60.01	06001	G.I. LAB	0.236981	965,129	60.01
60.02	06002	VASCULAR LAB	0.074516	1,921,859	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.221540	1,015,295	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.329307	2,445,263	63.00
65.00	06500	RESPIRATORY THERAPY	0.298436	8,571,501	65.00
66.00	06600	PHYSICAL THERAPY	0.275444	1,860,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.320070	1,377,690	67.00
68.00	06800	SPEECH PATHOLOGY	0.293988	468,832	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049853	8,465,931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170610	333,510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.528825	6,815,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.423423	11,690,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.610614	12,708,750	73.00
74.00	07400	RENAL DIALYSIS	0.507951	2,638,280	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.238241	33,607	76.01
76.03	03550	OP PSYCH	0.316414	3,795	76.03
76.04	03020	CARDIAC REHAB	0.599143	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.179585	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.137570	8,973,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.786874	506,067	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		133,006,254	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		133,006,254	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
41.00	04100 SUBPROVIDER - IRF		1,951,496	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.328597	32,579	10,705 50.00
51.00	05100 RECOVERY ROOM	0.243760	1,005	245 51.00
53.00	05300 ANESTHESIOLOGY	0.044036	2,006	88 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.214763	33,271	7,145 54.00
57.00	05700 CT SCAN	0.043112	31,485	1,357 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074355	20,456	1,521 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.162206	0	0 59.00
60.00	06000 LABORATORY	0.141248	313,224	44,242 60.00
60.01	06001 G.I. LAB	0.236981	4,270	1,012 60.01
60.02	06002 VASCULAR LAB	0.074516	18,623	1,388 60.02
60.03	06003 LABORATORY-PATHOLOGY	0.221540	10,108	2,239 60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.329307	13,616	4,484 63.00
65.00	06500 RESPIRATORY THERAPY	0.298436	107,060	31,951 65.00
66.00	06600 PHYSICAL THERAPY	0.275444	991,766	273,176 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.320070	912,046	291,919 67.00
68.00	06800 SPEECH PATHOLOGY	0.293988	225,074	66,169 68.00
69.00	06900 ELECTROCARDIOLOGY	0.049853	26,960	1,344 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170610	3,882	662 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.528825	8,784	4,645 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.423423	1,001	424 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.610614	164,830	100,648 73.00
74.00	07400 RENAL DIALYSIS	0.507951	117,382	59,624 74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0 76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.238241	126	30 76.01
76.03	03550 OP PSYCH	0.316414	0	0 76.03
76.04	03020 CARDIAC REHAB	0.599143	0	0 76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.179585	0	0 76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.137570	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.786874	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,039,554	905,018 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		3,039,554	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 2:32 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,347,017	30.00
31.00	03100	INTENSIVE CARE UNIT		2,374,834	31.00
32.00	03200	CORONARY CARE UNIT		396,662	32.00
41.00	04100	SUBPROVIDER - I RF		540,147	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328597	3,177,057	50.00
51.00	05100	RECOVERY ROOM	0.243760	259,384	51.00
53.00	05300	ANESTHESIOLOGY	0.044036	782,800	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.214763	1,622,733	54.00
57.00	05700	CT SCAN	0.043112	3,038,350	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074355	623,187	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162206	699,783	59.00
60.00	06000	LABORATORY	0.141248	6,356,799	60.00
60.01	06001	G.I. LAB	0.236981	350,101	60.01
60.02	06002	VASCULAR LAB	0.074516	583,592	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.221540	214,229	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.329307	596,036	63.00
65.00	06500	RESPIRATORY THERAPY	0.298436	2,879,602	65.00
66.00	06600	PHYSICAL THERAPY	0.275444	706,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.320070	582,687	67.00
68.00	06800	SPEECH PATHOLOGY	0.293988	211,138	68.00
69.00	06900	ELECTROCARDIOLOGY	0.049853	2,177,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170610	169,134	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.528825	971,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.423423	1,445,239	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.610614	4,313,421	73.00
74.00	07400	RENAL DIALYSIS	0.507951	551,128	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.238241	595	76.01
76.03	03550	OP PSYCH	0.316414	0	76.03
76.04	03020	CARDIAC REHAB	0.599143	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.179585	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.137570	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.786874	137,169	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		32,449,996	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)		32,449,996	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		31,322,889	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,508,927	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,968,187	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		23,165,127	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		191.99	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		2.47	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-0.99	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.48	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.82	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		1.48	12.00
13.00	Total allowable FTE count for the prior year.		1.03	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.54	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.35	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.35	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.007032	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.003168	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.003168	21.00
22.00	IME payment adjustment (see instructions)		72,411	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		40,099	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.34	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)		72,411	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		40,099	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.85	31.00
32.00	Sum of lines 30 and 31		25.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.07	33.00
34.00	Disproportionate share adjustment (see instructions)		1,053,116	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,104,654	6,527,115 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,070,055	1,645,192 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,715,247	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		6,776	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		765	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		642	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		11.29	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,428	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.985314	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		283,270	46.00
47.00	Subtotal (see instructions)		49,924,047	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)		49,964,146	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,730,428	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).		44,748	52.00
53.00	Nursing and Allied Health Managed Care payment		217,018	53.00
54.00	Special add-on payments for new technologies		6,110	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).		37,940	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		167,247	58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,167,637	59.00
60.00	Primary payer payments		26,242	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,141,395	61.00
62.00	Deductibles billed to program beneficiaries		3,765,664	62.00
63.00	Coinurance billed to program beneficiaries		312,028	63.00
64.00	Allowable bad debts (see instructions)		1,896,235	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,232,553	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,423,342	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		51,296,256	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-132,149	70.93
70.94	HRR adjustment amount (see instructions)		-637,702	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		529,308	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		49,997,097	71.00
71.01	Sequestration adjustment (see instructions)		999,942	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		48,441,388	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)		555,767	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,537,227	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/24/2019 2:32 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.43	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	17.85	0.00			17.85	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	25.28	0.00			17.85	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	191.99	0.00			191.99	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	10.07	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	7.43	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.04	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	7,667	0			7,667	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,395	0			1,395	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	171	0			171	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	256	0			256	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,535	0			1,535	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	11,024	0			11,024	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	61,368	0			61,368	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	384	0			384	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	61,752	0			61,752	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	17.85	0.00			17.85	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet DSH Date/Time Prepared: 5/24/2019 2:32 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	10.07		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		10.07		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		10.07		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet DSH Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.35		29.00
30.00	Line 28 or 29 as applicable	4.35		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2019 2:32 pm

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	31,322,889	31,322,889		31,322,889	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,508,927		10,508,927	10,508,927	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	1,968,187	1,465,343	502,844	1,968,187	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	23,165,127	17,320,128	5,844,999	23,165,127	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003168	0.003168	0.003168		5.00	
6.00	IME payment adjustment (see instructions)	22.00	72,411	54,220	18,191	72,411	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	40,099	29,981	10,118	40,099	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	72,411	54,220	18,191	72,411	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	40,099	29,981	10,118	40,099	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1007	0.1007	0.1007		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,053,116	788,554	264,562	1,053,116	11.00	
11.01	Uncompensated care payments	36.00	4,715,247	3,070,055	1,645,192	4,715,247	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	283,270	211,870	71,400	283,270	12.00	
13.00	Subtotal (see instructions)	47.00	49,924,047	36,912,931	13,011,116	49,924,047	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	49,964,146	36,942,912	13,021,234	49,964,146	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,730,428	2,796,275	934,153	3,730,428	16.00	
17.00	Special add-on payments for new technologies	54.00	6,110	6,110	0	6,110	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			39,745,297	13,955,387	53,700,684	19.00	

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,380,393	2,531,301	849,092	3,380,393	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	164,789	126,258	38,531	164,789	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	0.0023	0.0023	0.0023		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	7,775	5,822	1,953	7,775	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0525	0.0525	0.0525		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	177,471	132,894	44,577	177,471	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,730,428	2,796,275	934,153	3,730,428	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	-132,149	-104,302	-27,847	-132,149	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	-637,702	-529,460	-108,242	-637,702	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		391,115	138,193	529,308	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,202	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,724,578	2.00
3.00	OPPS payments		16,697,773	3.00
4.00	Outlier payment (see instructions)		96,430	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		61,722	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,202	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		44,549	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)		44,549	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		44,549	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		17,347	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)		27,202	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)		16,855,925	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,966,136	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)		13,916,991	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		15,090	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)		13,932,081	30.00
31.00	Primary payer payments		2,569	31.00
32.00	Subtotal (line 30 minus line 31)		13,929,512	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		703,299	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		457,144	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		368,752	36.00
37.00	Subtotal (see instructions)		14,386,656	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-152	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,386,808	40.00
40.01	Sequestration adjustment (see instructions)		287,736	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		14,140,679	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-41,607	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/24/2019 2:32 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 26-0180		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/24/2019 2:32 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		48,410,788		14,140,679	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/30/2018	30,600		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)		30,600		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)		48,441,388		14,140,679	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		555,767		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		41,607	6.02	
7.00	Total Medicare program liability (see instructions)		48,997,155		14,099,072	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

Period:
From 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2019 2:32 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,193,470		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,193,470		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		9,516		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,202,986		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,179,191 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0204 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			92,180 3.00
4.00	Outlier Payments			7,166 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.852055 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,278,537 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,278,537 17.00
18.00	Primary payer payments			15,057 18.00
19.00	Subtotal (line 17 less line 18).			2,263,480 19.00
20.00	Deductibles			13,376 20.00
21.00	Subtotal (line 19 minus line 20)			2,250,104 21.00
22.00	Coinsurance			16,415 22.00
23.00	Subtotal (line 21 minus line 22)			2,233,689 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			14,753 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			9,589 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			10,026 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,243,278 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			4,667 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,247,945 32.00
32.01	Sequestration adjustment (see instructions)			44,959 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,193,470 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			9,516 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			7,166 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/24/2019 2:32 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.96	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.82	6.00
7.00	Enter the lesser of line 5 or line 6			1.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.02	1.41	1.43	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.02	1.17	1.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.02	1.17		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.01	0.76		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.02	1.41		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.02	1.11		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.02	1.11		17.00
18.00	Per resident amount	90,041.73	90,041.73		18.00
19.00	Approved amount for resident costs	1,801	99,946	101,747	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.31	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)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			101,747	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	25,451	14,853		26.00
27.00	Total Inpatient Days (see instructions)	64,964	64,964		27.00
28.00	Ratio of inpatient days to total inpatient days	0.391771	0.228634		28.00
29.00	Program direct GME amount	39,862	23,263		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		3,287		30.00
31.00	Net Program direct GME amount			59,838	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,794,283	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		64,720,584	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)		41,299	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		64,679,285	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,813,502	42.00
43.00	Primary payer payments (see instructions)		2,569	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,810,933	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		86,490,218	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.747822	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.252178	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		59,838	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		44,748	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		15,090	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/24/2019 2:32 pm	
		Title XIX	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.96	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.82	6.00
7.00	Enter the lesser of line 5 or line 6			1.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.02	1.41	1.43	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.02	1.17	1.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.02	1.17		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.01	0.76		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.02	1.41		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.02	1.11		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.02	1.11		17.00
18.00	Per resident amount	90,041.73	90,041.73		18.00
19.00	Approved amount for resident costs	1,801	99,946	101,747	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.31	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)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			101,747	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	8,182	3,269		26.00
27.00	Total Inpatient Days (see instructions)	64,964	64,964		27.00
28.00	Ratio of inpatient days to total inpatient days	0.125947	0.050320		28.00
29.00	Program direct GME amount	12,815	5,120		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		723		30.00
31.00	Net Program direct GME amount			17,212	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/24/2019 2:32 pm
		Title XIX	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		0	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		0	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.000000	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		17,212	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet G
Date/Time Prepared:
5/24/2019 2:32 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	539,193	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	51,541,310	0	0	0	4.00
5.00	Other receivable	354,885	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,200,090	0	0	0	6.00
7.00	Inventory	5,530,886	0	0	0	7.00
8.00	Prepaid expenses	522,877	0	0	0	8.00
9.00	Other current assets	309,531	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,598,592	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	6,293,043	0	0	0	13.00
14.00	Accumulated depreciation	-5,728,520	0	0	0	14.00
15.00	Buildings	197,690,867	0	0	0	15.00
16.00	Accumulated depreciation	-135,600,432	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	2,818,837	0	0	0	19.00
20.00	Accumulated depreciation	-1,980,367	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	104,289,937	0	0	0	23.00
24.00	Accumulated depreciation	-96,440,650	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	3,461,392	0	0	0	27.00
28.00	Accumulated depreciation	-2,435,274	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)	74,609,158	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	117,207,750	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,543,429	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,290,531	0	0	0	38.00
39.00	Payroll taxes payable	241,481	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,684,615	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,760,056	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	275,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	275,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,035,056	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	101,172,694				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	101,172,694	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	117,207,750	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-1

Date/Time Prepared:
5/24/2019 2:32 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		89,215,155		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-35,111,243			2.00
3.00	Total (sum of line 1 and line 2)		54,103,912		0	3.00
4.00	TRANSFER FROM BJC	47,020,918		0		4.00
5.00	ASSETS RELEASED FROM RESTRICTED FUND	75,538		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		47,096,456		0	10.00
11.00	Subtotal (line 3 plus line 10)		101,200,368		0	11.00
12.00	CHANGE IN RESTRICTED ASSETS	27,674		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		27,674		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		101,172,694		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFER FROM BJC		0			4.00
5.00	ASSETS RELEASED FROM RESTRICTED FUND		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CHANGE IN RESTRICTED ASSETS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2019 2:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	123,241,360		123,241,360	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,736,487		4,736,487	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	127,977,847		127,977,847	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,997,728		22,997,728	11.00
12.00	CORONARY CARE UNIT	1,545,596		1,545,596	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,543,324		24,543,324	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	152,521,171		152,521,171	17.00
18.00	Ancillary services	347,940,188	548,543,513	896,483,701	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	113,738	44,774,368	44,888,106	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	500,575,097	593,317,881	1,093,892,978	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		289,164,251		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NON OPERATING EXPENSES	2,064,893			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)		2,064,893		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		287,099,358		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0180

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-3

Date/Time Prepared:
5/24/2019 2:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,093,892,978	1.00
2.00	Less contractual allowances and discounts on patients' accounts	831,063,964	2.00
3.00	Net patient revenues (line 1 minus line 2)	262,829,014	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	287,099,358	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-24,270,344	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	665,622	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,206,265	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE MEDI CARE	-11,582	24.00
24.01	BJC OTHER OPERATING REVENUE	175,361	24.01
24.02	SHARED SAVINGS MEDI CARE	205,306	24.02
24.03	OTHER REVENUE	3,513,308	24.03
25.00	Total other income (sum of lines 6-24)	5,754,280	25.00
26.00	Total (line 5 plus line 25)	-18,516,064	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	15,577,202	27.00
27.01	PHYSICIANS OFFICE BUILDINGS	1,017,977	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	16,595,179	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-35,111,243	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0180	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/24/2019 2:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,380,393	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		164,789	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)		169.18	3.00
4.00	Number of interns & residents (see instructions)		1.35	4.00
5.00	Indirect medical education percentage (see instructions)		0.23	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		7,775	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.85	8.00
9.00	Sum of lines 7 and 8		25.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.25	10.00
11.00	Disproportionate share adjustment (see instructions)		177,471	11.00
12.00	Total prospective capital payments (see instructions)		3,730,428	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00