SoutheastHEALTH

Title XVIII Medicare Cost Report

Provider CCN: 26-0110

Year Ended December 31, 2016

BKD LLP
CPAs & Advisors

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: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/30/2017 12:10 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 5/30/2017 Time: 12:10 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 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 SOUTHEASTHEALTH (26-0110) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 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.

Encryption Information
ECR: Date: 5/30/2017 Time: 12:10 pm
7c.Th00O6xx9TeRg28g08Uhh3I4TU0
u86ez0:eA:b2DOxk5kaz4:8antBbU5
udtA2hetvs0gdal0
PI: Date: 5/30/2017 Time: 12:10 pm
HykNhWNpchMBWGGpKnFYtiY2M8h4:0
QFeQW05mxdfjajPGvqtaxG9dRGtl7N
4M6Z0OelhK0qe4FV

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	318,118	-159,850	-17,265	709,734	1.00
2.00	Subprovider - IPF	0	42,239	0		484,070	2.00
3.00	Subprovider - IRF	0	-12,740	0		54,251	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
10.01	RURAL HEALTH CLINIC II	0		63,720		0	10.01
10.02	RURAL HEALTH CLINIC III	0		0		0	10.02
200.00	Total	0	347,617	-96,130	-17,265	1,248,055	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: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 3:58 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1701 LACEY STREET	PO Box:			1.00
2.00	City: CAPE GIRARDEAU	State: MO	Zip Code: 63701	County: CAPE GIRARDEAU	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SOUTHEASTHEALTH	260110	16020	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRIC UNIT	26S110	16020	4	12/23/1992	N	P	O	4.00
5.00	Subprovider - IRF	COMPREHENSIVE REHAB UNIT	26T110	16020	5	01/01/2002	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	SOUTHEAST MO HOSP REG HOME HEALTH	267121	16020		06/30/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	SOUTHEAST HOSPICE	261537	16020		07/21/1993				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
15.01	Hospital-Based Health Clinic - RHC II	PLAZA PRIMARY CARE WEST	268657	16020		02/01/2011	N	O	N	15.01
15.02	Hospital-Based Health Clinic - RHC III	SOUTHEAST PEDIATRICS	268674	16020		07/16/2012	N	O	N	15.02
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: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,471	1,028	482	0	78	138	24.00

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		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.	47	73	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 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.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
	1.00	2.00	3.00	4.00	5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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 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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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.			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 Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,740,531	50,000	0	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 3:58 pm

		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.	Y		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	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	HB0719	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: SOUTHEAST HOSPITAL	Contractor's Name: WPS	Contractor's Number: 05301	141.00
142.00	Street: 1701 LACEY STREET	PO Box:		142.00
143.00	City: CAPE GIRARDEAU	State: MO	Zip Code: 63701	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 3:58 pm

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		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)	0.25	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)	07/01/2016	09/30/2016	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/26/2017 3:58 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	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	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	05/09/2017	Y	05/09/2017	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: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			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.			Y		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.	BKD		LLP		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	417.865.8701		SFDCOSTREPORTS@BKD.COM		43.00

		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.	COST REPORTS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2017 3:58 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	170	62,050	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)		170	62,050	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE	33.01	14	5,110	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	34.01	12	4,380	0.00	0	11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		196	71,540	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	13	4,745		0	16.00
17.00	SUBPROVIDER - IRF	41.00	13	4,745		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	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.01	RURAL HEALTH CLINIC II	88.01				0	26.01
26.02	RURAL HEALTH CLINIC III	88.02				0	26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		222				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2017 3:58 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)	16,182	2,802	28,277			1.00
2.00	HMO and other (see instructions)	2,225	1,588				2.00
3.00	HMO IPF Subprovider	39	369				3.00
4.00	HMO IRF Subprovider	106	33				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,182	2,802	28,277			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE	1,648	477	3,050			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	1,424	175	2,317			11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,017	2,351			13.00
14.00	Total (see instructions)	19,254	4,471	35,995	0.00	1,709.74	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	736	866	2,693	0.00	18.02	16.00
17.00	SUBPROVIDER - IRF	1,429	87	2,109	0.00	14.39	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	5,982	249	6,591	0.00	14.73	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	16.78	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.01	RURAL HEALTH CLINIC II	7,823	3,394	29,316	0.00	29.61	26.01
26.02	RURAL HEALTH CLINIC III	0	10,684	21,152	0.00	15.34	26.02
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	1,818.61	27.00
28.00	Observation Bed Days		738	5,321			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			586			30.00
31.00	Employee discount days - IRF			43			31.00
32.00	Labor & delivery days (see instructions)	0	138	336			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2017 3:58 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,149	1,006	8,044	1.00
2.00	HMO and other (see instructions)			415	442		2.00
3.00	HMO IPF Subprovider				106		3.00
4.00	HMO IRF Subprovider				3		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
10.01	ADULT SPECIAL CARE						10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU						11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,149	1,006	8,044	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	164	221	741	16.00
17.00	SUBPROVIDER - IRF	0.00	0	132	8	186	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.01	RURAL HEALTH CLINIC II	0.00					26.01
26.02	RURAL HEALTH CLINIC III	0.00					26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	116,691,362	0	116,691,362	3,782,694.54	30.85	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		228,290	0	228,290	1,219.45	187.21	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		16,729,447	0	16,729,447	132,137.13	126.61	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		1,472,190	0	1,472,190	72,881.17	20.20	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		10,460,811	0	10,460,811	441,184.66	23.71	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		31,112,300	50,946	31,163,246	716,340.13	43.50	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		9,184,028	0	9,184,028	423,308.21	21.70	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,147,030	0	16,147,030			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,796,208	0	4,796,208			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		27,617	0	27,617			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,919,943	0	1,919,943			23.00
24.00	Wage-related costs (RHC/FQHC)		361,925	0	361,925			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		2,371,050	0	2,371,050			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	738,050	0	738,050	29,177.46	25.30	26.00
27.00	Administrative & General	5.00	14,099,528	0	14,099,528	573,090.05	24.60	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	2,003,155	0	2,003,155	83,297.25	24.05	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,793,740	0	1,793,740	158,465.98	11.32	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,206,293	0	1,206,293	100,324.05	12.02	34.00
35.00	Dietary under contract (see instructions)		0	0	0	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	3,006,604	-50,946	2,955,658	107,134.88	27.59	38.00
39.00	Central Services and Supply	14.00	830,730	0	830,730	49,150.60	16.90	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	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: 26-0110

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2017 3:58 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		88,028,914	0	88,028,914	3,136,491.58	28.07	1.00
2.00	Excluded area salaries (see instructions)		31,112,300	50,946	31,163,246	716,340.13	43.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)		56,916,614	-50,946	56,865,668	2,420,151.45	23.50	3.00
4.00	Subtotal other wages & related costs (see inst.)		9,184,028	0	9,184,028	423,308.21	21.70	4.00
5.00	Subtotal wage-related costs (see inst.)		18,545,697	0	18,545,697	0.00	32.61	5.00
6.00	Total (sum of lines 3 thru 5)		84,646,339	-50,946	84,595,393	2,843,459.66	29.75	6.00
7.00	Total overhead cost (see instructions)		23,678,100	-50,946	23,627,154	1,100,640.27	21.47	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2017 3:58 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	4,540,013	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	67,007	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	10,161,094	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	236,748	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	133,392	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)	620,793	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	920,313	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	6,418,071	17.00
18.00	Medicare Taxes - Employers Portion Only	10	18.00
19.00	Unemployment Insurance	100,281	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	55,000	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,252,722	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: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/26/2017 3:58 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	0	23,252,722	1.00
2.00	Hospital	0	21,629,142	2.00
3.00	Subprovider - IPF	0	228,200	3.00
4.00	Subprovider - IRF	0	150,011	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	0	204,979	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	212,815	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	498,348	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	329,227	14.02
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-7121	Period: From 01/01/2016 To 12/31/2016	Worksheet S-4 Date/Time Prepared: 5/26/2017 3:58 pm
		Home Health Agency I	PPS

					1.00		
0.00	County				CAPE GIRARDEAU		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	341	0	200	541	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	317.00	35.00	220.00	572.00	2.00

			Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week	Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel		2.00	0.00	2.00	5.00
6.00	Direct Nursing Service		6.62	0.00	6.62	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		2.75	0.00	2.75	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		1.00	0.00	1.00	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.08	0.00	0.08	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.69	0.00	0.69	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.26	0.00	0.26	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16020			20.00
20.01			50089			20.01
20.02			99926			20.02

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,726	0	77	33	1,836	21.00
22.00	Skilled Nursing Visit Charges	257,606	0	11,492	4,925	274,023	22.00
23.00	Physical Therapy Visits	1,464	0	52	67	1,583	23.00
24.00	Physical Therapy Visit Charges	371,124	0	13,182	16,985	401,291	24.00
25.00	Occupational Therapy Visits	187	0	0	11	198	25.00
26.00	Occupational Therapy Visit Charges	47,405	0	0	2,789	50,194	26.00
27.00	Speech Pathology Visits	33	0	0	4	37	27.00
28.00	Speech Pathology Visit Charges	8,366	0	0	1,014	9,380	28.00
29.00	Medical Social Service Visits	32	0	2	1	35	29.00
30.00	Medical Social Service Visit Charges	5,128	0	321	160	5,609	30.00
31.00	Home Health Aide Visits	177	0	1	11	189	31.00
32.00	Home Health Aide Visit Charges	9,558	0	54	594	10,206	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,619	0	132	127	3,878	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	699,187	0	25,049	26,467	750,703	35.00
36.00	Total Number of Episodes (standard/non outlier)	325		47	10	382	36.00
37.00	Total Number of Outlier Episodes		0		1	1	37.00
38.00	Total Non-Routine Medical Supply Charges	11,274	0	968	62	12,304	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2016 To 12/31/2016	Worksheet S-8 Date/Time Prepared: 5/26/2017 3:58 pm

				RHC II	Cost	
				1.00		
	Clinic Address and Identification					
1.00	Street			817 S MOUNT AUB		1.00
		City		State	ZIP Code	
		1.00		2.00	3.00	
2.00	City, State, ZIP Code, County	CAPE GIRARDEAU		MO	63701	2.00
					1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	3.00
			Grant Award		Date	
			1.00		2.00	
	Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)					4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00
7.00	Appalachian Regional Commission					7.00
8.00	Look-Alikes					8.00
9.00	OTHER (SPECIFY)					9.00
				1.00	2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	16:30	08:00	11.00

				1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N	0	13.00
			Provider name		CCN number	
			1.00		2.00	
14.00	RHC/FQHC name, CCN number					14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00

			County			
			4.00			
2.00	City, State, ZIP Code, County		CAPE GIRARDEAU			2.00

		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	16:30	08:00	16:30	08:00	16:30	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2016 To 12/31/2016	Worksheet S-8 Date/Time Prepared: 5/26/2017 3:58 pm

		RHC II					Cost
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	16:30				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2016 To 12/31/2016	Worksheet S-8 Date/Time Prepared: 5/26/2017 3:58 pm

				RHC III	Cost	
				1.00		
	Clinic Address and Identification					
1.00	Street			25 DOCTORS PARK		1.00
		City		State	ZIP Code	
		1.00		2.00	3.00	
2.00	City, State, ZIP Code, County	CAPE GIRARDEAU		MO	63703-4927	2.00
					1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	3.00
			Grant Award		Date	
			1.00		2.00	
	Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)					4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00
7.00	Appalachian Regional Commission					7.00
8.00	Look-Alikes					8.00
9.00	OTHER (SPECIFY)					9.00
				1.00	2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	16:30	08:00	11.00

				1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N	0	13.00
			Provider name		CCN number	
			1.00		2.00	
14.00	RHC/FQHC name, CCN number					14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00

			County			
			4.00			
2.00	City, State, ZIP Code, County		CAPE GIRARDEAU			2.00

		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	16:30	08:00	16:30	08:00	16:30	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2016 To 12/31/2016	Worksheet S-8 Date/Time Prepared: 5/26/2017 3:58 pm

		RHC III				Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	16:30				11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA	Provider CCN: 26-0110 Hospice CCN: 26-1537	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/26/2017 3:58 pm
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
	Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	9,707	417	478	10,602	11.00
12.00	Hospice Inpatient Respite Care	36	6	2	44	12.00
13.00	Hospice General Inpatient Care	12	0	0	12	13.00
14.00	Total Hospice Days	9,755	423	480	10,658	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/26/2017 3:58 pm

		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)	0.230273	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	23,420,230	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	105,413,615	6.00
7.00	Medicaid cost (line 1 times line 6)	24,273,909	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)	853,679	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
	Uncompensated care (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)	853,679	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	9,523,006	2,879,779	12,402,785	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	2,192,891	663,135	2,856,026	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,192,891	663,135	2,856,026	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	36,717,094	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	851,188	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	35,865,906	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	8,258,950	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	11,114,976	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,968,655	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 3:58 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,709,693	7,709,693	-7,427,747	281,946	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		0	0	294,882	294,882	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		0	0	589,710	589,710	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		0	0	342,160	342,160	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		0	0	209,221	209,221	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		0	0	477,665	477,665	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		0	0	881,573	881,573	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		0	0	10,239,238	10,239,238	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1		0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1		0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		17,867,721	17,867,721	152,575	18,020,296	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	738,050	14,164,969	14,903,019	-2,154,246	12,748,773	4.00
5.01	01160	COMMUNICATIONS	157,907	462,894	620,801	0	620,801	5.01
5.02	00550	DATA PROCESSING	1,937,686	6,923,829	8,861,515	0	8,861,515	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	693,536	932,008	1,625,544	0	1,625,544	5.03
5.04	00570	ADMITTING	2,137,013	597,257	2,734,270	16,331	2,750,601	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,813,160	2,384,054	4,197,214	0	4,197,214	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	7,360,226	26,536,689	33,896,915	0	33,896,915	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,003,155	1,486,358	3,489,513	0	3,489,513	6.00
7.00	00700	OPERATION OF PLANT	0	5,562,474	5,562,474	435	5,562,909	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	805,340	805,340	8.00
9.00	00900	HOUSEKEEPING	1,793,740	1,598,738	3,392,478	-805,340	2,587,138	9.00
10.00	01000	DIETARY	1,206,293	1,904,704	3,110,997	0	3,110,997	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,006,604	1,175,504	4,182,108	-50,946	4,131,162	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	830,730	762,987	1,593,717	-108,966	1,484,751	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,678,466	517,434	2,195,900	0	2,195,900	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	125,291	43,529	168,820	0	168,820	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	49,515	17,999	67,514	0	67,514	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	158,565	41,498	200,063	0	200,063	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,368,268	4,704,938	20,073,206	-1,384,446	18,688,760	30.00
33.01	03301	ADULT SPECIAL CARE	1,772,554	936,860	2,709,414	-308,269	2,401,145	33.01
34.01	03401	CARDIOTHORACIC ICU	1,300,786	590,517	1,891,303	-135,955	1,755,348	34.01
40.00	04000	SUBPROVIDER - IPF	1,145,198	524,991	1,670,189	41,968	1,712,157	40.00
41.00	04100	SUBPROVIDER - IRF	752,813	206,187	959,000	-6,725	952,275	41.00
43.00	04300	NURSERY	456,749	73,076	529,825	-16,514	513,311	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,605,547	25,464,693	30,070,240	-21,360,676	8,709,564	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,299,435	1,299,435	52.00
53.00	05300	ANESTHESIOLOGY	5,766,962	2,074,981	7,841,943	170,643	8,012,586	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,395,832	1,795,051	4,190,883	-821,025	3,369,858	54.00
54.01	05401	ULTRASOUND	484,182	185,179	669,361	-41,449	627,912	54.01
54.03	05403	CARDIOVASCULAR LAB	1,428,088	8,159,181	9,587,269	-6,197,531	3,389,738	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,347,143	1,008,186	2,355,329	-373,910	1,981,419	55.00
55.01	05501	CHEMOTHERAPY	537,325	221,185	758,510	72,063	830,573	55.01
56.01	05601	NUCLEAR MEDICINE	320,867	1,044,841	1,365,708	-1,127	1,364,581	56.01
57.00	05700	CT SCAN	531,107	709,629	1,240,736	-113,524	1,127,212	57.00
58.00	05800	MRI	334,393	251,685	586,078	-4,792	581,286	58.00
60.00	06000	LABORATORY	3,633,917	6,540,723	10,174,640	247,232	10,421,872	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	864	916,603	917,467	8,548	926,015	63.00
65.00	06500	RESPIRATORY THERAPY	1,584,837	940,863	2,525,700	-37,928	2,487,772	65.00
66.00	06600	PHYSICAL THERAPY	803,690	112,459	916,149	-201	915,948	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,767,151	297,443	2,064,594	-231	2,064,363	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	232,666	29,626	262,292	-70	262,222	67.00
68.00	06800	SPEECH PATHOLOGY	173,248	24,637	197,885	0	197,885	68.00
69.01	06901	CV DIAGNOSTIC	723,578	775,385	1,498,963	48,472	1,547,435	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	528,855	222,904	751,759	-50,657	701,102	70.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 3:58 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	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-226	-226	12,158,033	12,157,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,058,787	19,058,787	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,484,417	20,307,529	22,791,946	-3,601	22,788,345	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	403,274	60,256	463,530	-38	463,492	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,500,908	562,330	3,063,238	0	3,063,238	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,652,192	840,579	2,492,771	0	2,492,771	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	759,513	244,111	1,003,624	53,952	1,057,576	90.01
90.02	09002	DIABETES CENTER	170,507	23,646	194,153	0	194,153	90.02
91.00	09100	EMERGENCY	7,318,453	3,906,819	11,225,272	175,108	11,400,380	91.00
91.01	09101	G.I. LABORATORY	513,089	437,659	950,748	-228,691	722,057	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,028,666	244,379	1,273,045	25,473	1,298,518	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		5,783,048	5,783,048	-5,759,277	23,771	113.00
116.00	11600	HOSPICE	1,067,990	656,837	1,724,827	25,473	1,750,300	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	91,585,566	181,569,129	273,154,695	435	273,155,130	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	1,056	1,056	0	1,056	193.03
193.04	19304	COMMUNITY WELLNESS	86	7,986	8,072	0	8,072	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	22,823,942	5,601,771	28,425,713	-435	28,425,278	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	472,974	4,511,949	4,984,923	0	4,984,923	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	686,404	4,021,089	4,707,493	0	4,707,493	193.11
193.13	19313	HEALTHPOINT	1,086,246	626,734	1,712,980	0	1,712,980	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	31,973	3,341	35,314	0	35,314	194.00
194.01	07951	FOUNDATION OFFICE	4,171	3,270	7,441	0	7,441	194.01
200.00		TOTAL (SUM OF LINES 118-199)	116,691,362	196,346,325	313,037,687	0	313,037,687	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	281,946		1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	294,882		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	589,710		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	342,160		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0		1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	209,221		1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	477,665		1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	-4,914	876,659		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	-36,847	10,202,391		1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0		1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0		1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-4,741,406	13,278,890		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,143,255	7,605,518		4.00
5.01	01160	COMMUNICATIONS	-161,899	458,902		5.01
5.02	00550	DATA PROCESSING	-1,996,803	6,864,712		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-5,034	1,620,510		5.03
5.04	00570	ADMITTING	-125,132	2,625,469		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-3,500	4,193,714		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-9,703,855	24,193,060		5.06
6.00	00600	MAINTENANCE & REPAIRS	-170,571	3,318,942		6.00
7.00	00700	OPERATION OF PLANT	-856,762	4,706,147		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	805,340		8.00
9.00	00900	HOUSEKEEPING	-81,383	2,505,755		9.00
10.00	01000	DIETARY	-752,681	2,358,316		10.00
11.00	01100	CAFETERIA	0	0		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	-195,523	3,935,639		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,484,751		14.00
15.00	01500	PHARMACY	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	-1,917,537	278,363		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	-119,649	49,171		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	-67,514	0		20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	-200,063	0		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,091,282	12,597,478		30.00
33.01	03301	ADULT SPECIAL CARE	0	2,401,145		33.01
34.01	03401	CARDIOTHORACIC ICU	0	1,755,348		34.01
40.00	04000	SUBPROVIDER - IPF	-700,311	1,011,846		40.00
41.00	04100	SUBPROVIDER - IRF	-90,966	861,309		41.00
43.00	04300	NURSERY	0	513,311		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-7,402	8,702,162		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,299,435		52.00
53.00	05300	ANESTHESIOLOGY	-7,547,967	464,619		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,172	3,367,686		54.00
54.01	05401	ULTRASOUND	0	627,912		54.01
54.03	05403	CARDIOVASCULAR LAB	-122,655	3,267,083		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-51,937	1,929,482		55.00
55.01	05501	CHEMOTHERAPY	0	830,573		55.01
56.01	05601	NUCLEAR MEDICINE	0	1,364,581		56.01
57.00	05700	CT SCAN	0	1,127,212		57.00
58.00	05800	MRI	0	581,286		58.00
60.00	06000	LABORATORY	-572,590	9,849,282		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	926,015		63.00
65.00	06500	RESPIRATORY THERAPY	0	2,487,772		65.00
66.00	06600	PHYSICAL THERAPY	-141	915,807		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	2,064,363		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	262,222		67.00
68.00	06800	SPEECH PATHOLOGY	0	197,885		68.00
69.01	06901	CV DIAGNOSTIC	0	1,547,435		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	-48,627	652,475		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,157,807		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,058,787		72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	-662,557	22,125,788		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	-138,760	324,732		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	-38,065	3,025,173		88.01
88.02	08802	RURAL HEALTH CLINIC III	-20,290	2,472,481		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	-508,512	549,064		90.01
90.02	09002	DIABETES CENTER	0	194,153		90.02
91.00	09100	EMERGENCY	-6,706,724	4,693,656		91.00
91.01	09101	G.I. LABORATORY	-4,111	717,946		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-43	1,298,475		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-23,771	0		113.00
116.00	11600	HOSPICE	-220,212	1,530,088		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-49,843,423	223,311,707		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.01	19101	RESPITE CARE	0	0		191.01
193.01	19301	VENDING MACHINES	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0	0		193.02
193.03	19303	LACEYS RESTAURANT	0	1,056		193.03
193.04	19304	COMMUNITY WELLNESS	0	8,072		193.04
193.05	19305	HOME INFUSION	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	-525,564	27,899,714		193.06
193.07	19307	GENERATIONS	0	0		193.07
193.08	19308	RETAIL PHARMACY	0	4,984,923		193.08
193.09	19309	OUTREACH LAB	0	0		193.09
193.10	19310	FOOT CLINIC	0	0		193.10
193.11	19311	MARKETING	-1,048,350	3,659,143		193.11
193.13	19313	HEALTHPOINT	0	1,712,980		193.13
193.14	19314	DOCTORS PARK	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0	35,314		194.00
194.01	07951	FOUNDATION OFFICE	0	7,441		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-51,417,337	261,620,350		200.00

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 3:58 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - TO RECLASS BUILDING DEPRECIATION				
1.00	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	294,882	1.00
2.00	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	589,710	2.00
3.00	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	342,160	3.00
4.00	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	209,221	4.00
5.00	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	477,665	5.00
6.00	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	881,573	6.00
7.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,632,536	7.00
	0		0	7,427,747	
	B - TO RECLASS INTEREST EXPENSE				
1.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	5,606,702	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	152,575	2.00
	0		0	5,759,277	
	D - TO RECLASS SUPPLY EXPENSE				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,158,033	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
	0		0	12,158,033	
	E - TO RECLASS IMPLANTABLES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,309,323	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
	0		0	19,309,323	
	F - TO RECLASS HHA ADMIN COST				
1.00	HOME HEALTH AGENCY	101.00	25,473	0	1.00
2.00	HOSPICE	116.00	25,473	0	2.00
	0		50,946	0	
	G - TO RECLASS ADMIN TO APPROP DEPT				
1.00	CV DIAGNOSTIC	69.01	35,632	18,670	1.00
	0		35,632	18,670	
	H - TO RECLASS ADMIN TO APPROP DEPT				
1.00	CHEMOTHERAPY	55.01	109,666	33,590	1.00
	0		109,666	33,590	

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 3:58 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	I - TO RECLASS WEST CAMPUS MOB TO PLANT				
1.00	OPERATION OF PLANT	7.00	0	435	1.00
	0		0	435	
	J - TO RECLASS LABOR/ DELIVERY EXPENSE				
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,013,522	285,913	1.00
	0		1,013,522	285,913	
	K - RECLASS PHYSICIAN BENEFITS				
1.00	ADMITTING	5.04	0	16,331	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	562,384	2.00
3.00	SUBPROVIDER - IPF	40.00	0	42,644	3.00
4.00	SUBPROVIDER - IRF	41.00	0	2,917	4.00
5.00	ANESTHESIOLOGY	53.00	0	840,051	5.00
6.00	CARDIOVASCULAR LAB	54.03	0	14,997	6.00
7.00	NEUROPHYSIOLOGY	70.01	0	6,098	7.00
8.00	HYPERBARIC WOUND CLINIC	90.01	0	57,322	8.00
9.00	G.I. LABORATORY	91.01	0	137	9.00
10.00	EMERGENCY	91.00	0	611,365	10.00
	0		0	2,154,246	
	L - TO RECLASS INVENTORY ADJMT				
1.00	CARDIOVASCULAR LAB	54.03	0	64,797	1.00
2.00	LABORATORY	60.00	0	249,827	2.00
3.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,351	3.00
	0		0	329,975	
	M - TO RECLASS LAUNDRY EXPENSE				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	805,340	1.00
	TOTALS		0	805,340	
500.00	Grand Total: Increases		1,209,766	48,282,549	500.00

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 3:58 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - TO RECLASS BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,427,747	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
	0		0	7,427,747			
	B - TO RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	5,759,277	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	5,759,277			
	D - TO RECLASS SUPPLY EXPENSE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	108,966	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	615,225	0		2.00
3.00	ADULT SPECIAL CARE	33.01	0	306,833	0		3.00
4.00	CARDIOTHORACIC ICU	34.01	0	135,955	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	676	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	9,642	0		6.00
7.00	NURSERY	43.00	0	16,514	0		7.00
8.00	OPERATING ROOM	50.00	0	6,149,779	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	667,955	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	771,241	0		10.00
11.00	ULTRASOUND	54.01	0	41,449	0		11.00
12.00	CARDIOVASCULAR LAB	54.03	0	2,130,001	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	230,654	0		13.00
14.00	CHEMOTHERAPY	55.01	0	71,193	0		14.00
15.00	NUCLEAR MEDICINE	56.01	0	1,127	0		15.00
16.00	CT SCAN	57.00	0	113,524	0		16.00
17.00	MRI	58.00	0	4,792	0		17.00
18.00	LABORATORY	60.00	0	2,595	0		18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,803	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	37,928	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	201	0		21.00
22.00	SOUTHEAST OUTPATIENT REHAB	66.01	0	231	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	70	0		23.00
24.00	CV DIAGNOSTIC	69.01	0	5,830	0		24.00
25.00	NEUROPHYSIOLOGY	70.01	0	56,755	0		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,601	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	38	0		27.00
28.00	HYPERBARIC WOUND CLINIC	90.01	0	3,370	0		28.00
29.00	EMERGENCY	91.00	0	436,257	0		29.00
30.00	G.I. LABORATORY	91.01	0	228,828	0		30.00
	0		0	12,158,033			
	E - TO RECLASS IMPLANTABLES						
1.00	ADULTS & PEDIATRICS	30.00	0	32,170	0		1.00
2.00	ADULT SPECIAL CARE	33.01	0	1,436	0		2.00
3.00	OPERATING ROOM	50.00	0	15,132,911	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49,784	0		4.00
5.00	CARDIOVASCULAR LAB	54.03	0	4,093,022	0		5.00
	0		0	19,309,323			
	F - TO RECLASS HHA ADMIN COST						
1.00	NURSING ADMINISTRATION	13.00	50,946	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		50,946	0			
	G - TO RECLASS ADMIN TO APPROP DEPT						
1.00	CARDIOVASCULAR LAB	54.03	35,632	18,670	0		1.00
	0		35,632	18,670			
	H - TO RECLASS ADMIN TO APPROP DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	109,666	33,590	0		1.00
	0		109,666	33,590			
	I - TO RECLASS WEST CAMPUS MOB TO PLANT						
1.00	SE HOSP PHYSICIANS LLC	193.06	0	435	0		1.00
	0		0	435			
	J - TO RECLASS LABOR/ DELIVERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,013,522	285,913	0		1.00
	0		1,013,522	285,913			
	K - RECLASS PHYSICIAN BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,154,246	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

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 3:58 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
	0		0	2,154,246		
	L - TO RECLASS INVENTORY ADJMT					
1.00	OPERATING ROOM	50.00	0	77,986	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	1,453	0	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	250,536	0	3.00
	0		0	329,975		
	M - TO RECLASS LAUNDRY EXPENSE					
1.00	HOUSEKEEPING	9.00	0	805,340	0	1.00
	TOTALS		0	805,340		
500.00	Grand Total: Decreases		1,209,766	48,282,549		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I Date/Time Prepared: 5/26/2017 3:58 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,698,441	0	0	0	0	1.00
2.00	Land Improvements	13,097,991	0	0	0	0	2.00
3.00	Buildings and Fixtures	200,304,533	127,902	0	127,902	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	127,354,037	1,074,418	0	1,074,418	6,858,939	6.00
7.00	HIT designated Assets	9,770,095	922,253	0	922,253	0	7.00
8.00	Subtotal (sum of lines 1-7)	368,225,097	2,124,573	0	2,124,573	6,858,939	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	368,225,097	2,124,573	0	2,124,573	6,858,939	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,698,441	0	1.00
2.00	Land Improvements	13,097,991	0	2.00
3.00	Buildings and Fixtures	200,432,435	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	121,569,516	0	6.00
7.00	HIT designated Assets	10,692,348	0	7.00
8.00	Subtotal (sum of lines 1-7)	363,490,731	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	363,490,731	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/26/2017 3:58 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	CAP REL COSTS-BLDG & FIXT	7,709,693	0	0	0	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	17,867,721	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	25,577,414	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	CAP REL COSTS-BLDG & FIXT	0	7,709,693	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,867,721	2.00
3.00	Total (sum of lines 1-2)	0	25,577,414	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/26/2017 3:58 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	CAP REL COSTS-BLDG & FIXT	231,228,867	0	231,228,867	0.636134	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0.000000	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0.000000	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0.000000	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0.000000	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0.000000	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0.000000	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0.000000	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0.000000	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0.000000	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0.000000	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	132,261,864	0	132,261,864	0.363866	0	2.00
3.00	Total (sum of lines 1-2)	363,490,731	0	363,490,731	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	281,946	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	294,882	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	589,710	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	342,160	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	209,221	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	477,665	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	881,573	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	4,632,536	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,131,632	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,841,325	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	281,946	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	294,882	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	589,710	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	342,160	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	209,221	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	477,665	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	-4,914	0	0	0	876,659	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	5,569,855	0	0	0	10,202,391	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	147,258	0	0	0	13,278,890	2.00
3.00	Total (sum of lines 1-2)	5,712,199	0	0	0	26,553,524	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/26/2017 3:58 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #2 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	1.01
1.02	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #3 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	1.02
1.03	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #4 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	1.03
1.04	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #5 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	1.04
1.05	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #6 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	1.05
1.06	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #7 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	1.06
1.07	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #8 (chapter 2)	B	-4,914	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	11	1.07
1.08	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #9 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	1.08
1.09	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #1 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.09	0	1.09
1.10	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #1 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	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	-38,820	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-21,161,034			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	-16,555,035			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-697,671	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-37,907	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-1,917,537	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-12,391	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/26/2017 3:58 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #2		0	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	26.01
26.02	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #3		0	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	26.02
26.03	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #4		0	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	26.03
26.04	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #5		0	NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	26.04
26.05	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #6		0	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	26.05
26.06	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #7		0	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	26.06
26.07	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #8		0	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	26.07
26.08	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #9		0	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	26.08
26.09	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #1		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.09	0	26.09
26.10	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #1		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-5,317	CAP REL COSTS-MVBLE EQUIP	2.00	11	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MO DISCOUNT ON PAYROLL	B	-21,960	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00	PROVIDER BASED PHYSICIAN ADJUST	A	-220,148	HOSPICE	116.00	0	34.00
35.00	MISC OTHER REVENUE	B	-550,021	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
36.00	GARNISHMENT FEES/BADGES	B	187	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00	NSF CHECKS	B	-19,427	OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
38.00	CREDIT CARD REBATE	B	-159,162	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
39.00	OTHER UNALLOWABLE PHYSICIAN - LOAN F	A	-388,302	OTHER ADMINISTRATIVE & GENERAL	5.06	0	39.00
40.00	AHA DUES USED FOR LOBBYING	A	-28,470	OTHER ADMINISTRATIVE & GENERAL	5.06	0	40.00
41.00	MISC INCOME - PURCHASING	B	-900	PURCHASING RECEIVING AND STORES	5.03	0	41.00
42.00	MISC INCOME	B	-3,500	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	42.00
43.00	MISC INCOME - OTHER A&G	B	-126,943	OTHER ADMINISTRATIVE & GENERAL	5.06	0	43.00
44.00	MISC INCOME - HOUSEKEEPING	B	-81,383	HOUSEKEEPING	9.00	0	44.00
45.00	MISC INCOME - DIETARY	B	-235	DIETARY	10.00	0	45.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/26/2017 3:58 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
45.01	MISC INCOME - ADULTS & PEDS	B	-7,280	ADULTS & PEDIATRICS	30.00	0	45.01
45.02			0		0.00	0	45.02
45.03	MISC INCOME - OR	B	-7,402	OPERATING ROOM	50.00	0	45.03
45.04	MISC INCOME - RADIOLOGY	B	-1,415	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05	MISC INCOME - CARDIO LAB	B	-4,900	CARDIOVASCULAR LAB	54.03	0	45.05
45.06	MISC INCOME - THERAPEUTIC RADIOLOGY	B	-51,937	RADIOLOGY-THERAPEUTIC	55.00	0	45.06
45.07			0		0.00	0	45.07
46.00	MISC INCOME - LABORATORY	B	-1,206	LABORATORY	60.00	0	46.00
47.00			0		0.00	0	47.00
48.00	MISC INCOME - PT	B	-141	PHYSICAL THERAPY	66.00	0	48.00
49.00			0		0.00	0	49.00
49.01	MISC INCOME - CARDIAC REHAB	B	-138,760	CARDIAC REHABILITATION	76.97	0	49.01
49.02	MISC INCOME - WOUND	B	-42,600	HYPERBARIC WOUND CLINIC	90.01	0	49.02
49.03	MISC INCOME - HOME HEALTH	B	-43	HOME HEALTH AGENCY	101.00	0	49.03
49.04	MISC INCOME - HOSPICE	B	-64	HOSPICE	116.00	0	49.04
49.05	NONPATIENT LAB	B	-571,384	LABORATORY	60.00	0	49.05
49.06	SCHOOL OF RAD TECH TUITION	A	-200,063	SCHOOL OF RADIOLOGICAL TECHNOLO	20.03	0	49.06
49.07	SCHOOL OF SURG TECH TUITION	A	-67,514	SCHOOL OF SURGICAL TECHNOLOGY	20.02	0	49.07
49.08	SCHOOL OF MED TECH TUITION	B	-119,649	SCHOOL OF MEDICAL TECHNOLOGY	20.01	0	49.08
49.09	340B DRUG PROGRAM	B	-624,564	DRUGS CHARGED TO PATIENTS	73.00	0	49.09
49.10	PRISONER MEALS	B	-42,384	DIETARY	10.00	0	49.10
49.11	INTEREST	B	-36,847	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	11	49.11
49.12	RENTAL INCOME	B	-790,856	OPERATION OF PLANT	7.00	0	49.12
49.13	HOSPITALIST EXPENSE - SALARY	A	-45,935	ADULTS & PEDIATRICS	30.00	0	49.13
49.14	HOSPITALIST EXPENSE - OTHER	A	-310,970	ADULTS & PEDIATRICS	30.00	0	49.14
49.15	ANESTHESIA - PROF - SALARY	A	-55,101	ANESTHESIOLOGY	53.00	0	49.15
49.16	ANESTHESIA - PROF - OTHER	A	-381,911	ANESTHESIOLOGY	53.00	0	49.16
49.17	SELF-INSURED COST	A	-4,397,239	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.17
49.18	MHA EXPENSE	A	-122,788	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.18
49.19	MHA PAID TO POOL	A	-991,161	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.19
49.20	REAL ESTATE TAXES	A	-4,134	PURCHASING RECEIVING AND STORES	5.03	0	49.20
49.21	REAL ESTATE TAXES	A	-241,042	OPERATION OF PLANT	7.00	0	49.21
49.22	PHYSICIAN RECRUITMENT - HOSPITALISTS	A	-14,478	ADULTS & PEDIATRICS	30.00	0	49.22
49.23	PHYSICIAN RECRUITMENT - PSYCH	A	-7,918	SUBPROVIDER - IPF	40.00	0	49.23
49.24	PHYSICIAN RECRUITMENT - RADIOLOGY	A	-757	RADIOLOGY-DIAGNOSTIC	54.00	0	49.24
49.25	PHYSICIAN RECRUITMENT - INFUSION	A	-86	DRUGS CHARGED TO PATIENTS	73.00	0	49.25
49.26	PHYSICIAN RECRUITMENT - ED	A	-3,918	EMERGENCY	91.00	0	49.26
49.27	LEGAL OIG SETTLEMENT	A	-100,000	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.27
49.28	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.28
49.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.29
49.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,417,337				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: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/26/2017 3:58 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	5,270,850	10,006,939	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	2,654,737	2,897,435	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	1,679,865	2,161,223	3.00
4.00	5.01	COMMUNICATIONS	HOME OFFICE COSTS	429,524	552,603	4.00
4.01	5.02	DATA PROCESSING	HOME OFFICE COSTS	6,968,475	8,965,278	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE COSTS	9,890,212	12,724,232	4.02
4.03	6.00	MAINTENANCE & REPAIRS	HOME OFFICE COSTS	595,263	765,834	4.03
4.04	7.00	OPERATION OF PLANT	HOME OFFICE COSTS	175,138	225,325	4.04
4.05	13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	682,340	877,863	4.05
4.06	113.00	INTEREST EXPENSE	HOME OFFICE COSTS	82,958	106,729	4.06
4.07	193.06	SE HOSP PHYSICIANS LLC	HOME OFFICE COSTS	1,171,312	1,506,949	4.07
4.08	193.11	MARKETING	HOME OFFICE COSTS	3,658,543	4,706,893	4.08
4.09	0.00			0	0	4.09
4.10	5.06	OTHER ADMINISTRATIVE & GENER	INTERNAL RENT ALLOCATION	0	4,193,314	4.10
4.11	7.00	OPERATION OF PLANT	INTERNAL RENT ALLOCATION	0	-225,323	4.11
4.12	30.00	ADULTS & PEDIATRICS	INTERNAL RENT ALLOCATION	0	29,008	4.12
4.13	41.00	SUBPROVIDER - IRF	INTERNAL RENT ALLOCATION	0	1,257	4.13
4.14	53.00	ANESTHESIOLOGY	INTERNAL RENT ALLOCATION	0	42,750	4.14
4.15	88.01	RURAL HEALTH CLINIC II	INTERNAL RENT ALLOCATION	0	38,065	4.15
4.16	88.02	RURAL HEALTH CLINIC III	INTERNAL RENT ALLOCATION	0	20,290	4.16
4.17	90.01	HYPERBARIC WOUND CLINIC	INTERNAL RENT ALLOCATION	0	5,029	4.17
4.18	91.00	EMERGENCY	INTERNAL RENT ALLOCATION	0	22,632	4.18
4.19	193.06	SE HOSP PHYSICIANS LLC	INTERNAL RENT ALLOCATION	0	189,927	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			33,259,217	49,814,252	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	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
6.00	C		0.00	SE HLTH RIPLEY	100.00	6.00
7.00	C		0.00	SE HLTHSTODDARD	100.00	7.00
8.00	C		0.00	SE HLTHREYNOLDS	100.00	8.00
9.00	C		0.00	SOUTHEAST HOSPI	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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.

(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: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/26/2017 3:58 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	-4,736,089	9		1.00
2.00	-242,698	0		2.00
3.00	-481,358	0		3.00
4.00	-123,079	0		4.00
4.01	-1,996,803	0		4.01
4.02	-2,834,020	0		4.02
4.03	-170,571	0		4.03
4.04	-50,187	0		4.04
4.05	-195,523	0		4.05
4.06	-23,771	0		4.06
4.07	-335,637	0		4.07
4.08	-1,048,350	0		4.08
4.09	0	0		4.09
4.10	-4,193,314	0		4.10
4.11	225,323	0		4.11
4.12	-29,008	0		4.12
4.13	-1,257	0		4.13
4.14	-42,750	0		4.14
4.15	-38,065	0		4.15
4.16	-20,290	0		4.16
4.17	-5,029	0		4.17
4.18	-22,632	0		4.18
4.19	-189,927	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
5.00	-16,555,035			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	HOSPITAL		6.00
7.00	HOSPITAL		7.00
8.00	HOSPITAL		8.00
9.00	HOME OFFICE		9.00
10.00			10.00
100.00			100.00

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

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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: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/26/2017 3:58 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	5.04	ADMITTING	125,132	125,132	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	190,434	190,434	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,683,611	5,683,611	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	692,393	692,393	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	89,709	89,709	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	7,068,205	7,068,205	0	0	0	6.00
7.00	54.03	CARDIOVASCULAR LAB	117,755	117,755	0	0	0	7.00
8.00	69.01	CV DIAGNOSTIC	0	0	0	0	0	8.00
9.00	70.01	NEUROPHYSIOLOGY	48,627	48,627	0	0	0	9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	460,883	460,883	0	0	0	10.00
11.00	91.00	EMERGENCY	6,680,174	6,680,174	0	0	0	11.00
12.00	91.01	G.I. LABORATORY	4,111	4,111	0	0	0	12.00
200.00			21,161,034	21,161,034	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	5.04	ADMITTING	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	130,932	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	0	11,709	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	109,386	6.00
7.00	54.03	CARDIOVASCULAR LAB	0	0	0	0	2,642	7.00
8.00	69.01	CV DIAGNOSTIC	0	0	0	0	0	8.00
9.00	70.01	NEUROPHYSIOLOGY	0	0	0	0	0	9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	0	21,667	10.00
11.00	91.00	EMERGENCY	0	0	0	0	264,140	11.00
12.00	91.01	G.I. LABORATORY	0	0	0	0	0	12.00
200.00			0	0	0	0	540,476	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	5.04	ADMITTING	0	0	0	125,132		1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	190,434		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,683,611		3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	692,393		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	89,709		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	7,068,205		6.00
7.00	54.03	CARDIOVASCULAR LAB	0	0	0	117,755		7.00
8.00	69.01	CV DIAGNOSTIC	0	0	0	0		8.00
9.00	70.01	NEUROPHYSIOLOGY	0	0	0	48,627		9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	460,883		10.00
11.00	91.00	EMERGENCY	0	0	0	6,680,174		11.00
12.00	91.01	G.I. LABORATORY	0	0	0	4,111		12.00
200.00			0	0	0	21,161,034		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	281,946	281,946				1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	294,882	0	294,882			1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	589,710	0	0	589,710		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	342,160	0	0	0	342,160	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	209,221	0	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	477,665	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	876,659	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	10,202,391	0	0	0	0	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,278,890					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,605,518	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	458,902	3,161	0	0	0	5.01
5.02	00550	DATA PROCESSING	6,864,712	0	3,976	2,190	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,620,510	0	6,465	63,984	0	5.03
5.04	00570	ADMITTING	2,625,469	0	20,844	0	19,074	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,193,714	10,206	0	0	7,711	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	24,193,060	44,906	19,658	0	53,868	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,318,942	0	0	16,758	40,411	6.00
7.00	00700	OPERATION OF PLANT	4,706,147	18,832	12,553	52,273	15,055	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	805,340	0	1,772	4,761	1,223	8.00
9.00	00900	HOUSEKEEPING	2,505,755	0	9,212	8,538	2,675	9.00
10.00	01000	DIETARY	2,358,316	0	20,612	0	69,863	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,935,639	36,461	15,623	7,665	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,484,751	0	1,077	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	278,363	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	49,171	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,597,478	25,745	68,808	347,087	92,274	30.00
33.01	03301	ADULT SPECIAL CARE	2,401,145	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	1,755,348	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	1,011,846	0	0	83,217	0	40.00
41.00	04100	SUBPROVIDER - IRF	861,309	0	43,212	0	0	41.00
43.00	04300	NURSERY	513,311	0	0	0	10,806	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,702,162	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,299,435	0	18,877	0	20,152	52.00
53.00	05300	ANESTHESIOLOGY	464,619	0	5,517	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,367,686	0	0	0	0	54.00
54.01	05401	ULTRASOUND	627,912	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	3,267,083	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,929,482	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	830,573	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,364,581	0	0	0	0	56.01
57.00	05700	CT SCAN	1,127,212	0	0	0	0	57.00
58.00	05800	MRI	581,286	0	0	0	0	58.00
60.00	06000	LABORATORY	9,849,282	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	926,015	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,487,772	18,667	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	915,807	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,064,363	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	262,222	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	197,885	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	1,547,435	0	0	0	0	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	652,475	56,149	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,157,807	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,058,787	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,125,788	67,819	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	324,732	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,025,173	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,472,481	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	549,064	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	194,153	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,693,656	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	717,946	0	44,596	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,298,475	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,530,088	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	223,311,707	281,946	292,802	586,473	333,112	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,237	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	1,056	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	8,072	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	27,899,714	0	2,080	0	9,048	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	4,984,923	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	3,659,143	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	1,712,980	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	35,314	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	7,441	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	261,620,350	281,946	294,882	589,710	342,160	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	209,221				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	477,665			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	876,659		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	10,202,391	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,774	0	0	74,266	4.00
5.01	01160	COMMUNICATIONS	0	0	2,337	0	10,427	5.01
5.02	00550	DATA PROCESSING	0	9,119	7,610	0	48,879	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	82,655	5.03
5.04	00570	ADMITTING	0	16,609	0	0	120,522	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	28,989	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	11,432	8,799	2,617	260,223	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	73,040	238,675	6.00
7.00	00700	OPERATION OF PLANT	0	25,545	79,098	0	493,984	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	320	1,067	59,732	8.00
9.00	00900	HOUSEKEEPING	0	4,468	799	1,917	52,575	9.00
10.00	01000	DIETARY	0	0	0	0	204,867	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	60,958	1,788	0	219,275	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	62,370	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	222,561	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	15,972	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	15,119	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	34,645	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	150,794	0	1,239,848	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	53,221	0	168,374	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	150,680	285,626	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	82,844	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	126,715	41.00
43.00	04300	NURSERY	0	0	0	0	22,338	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	84,701	175,707	660,194	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	96,999	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	59,964	129,843	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,893	224,867	54.00
54.01	05401	ULTRASOUND	0	0	0	12,501	23,697	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	22,891	46,954	244,804	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	178,648	754,476	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	337,854	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	16,685	31,627	56.01
57.00	05700	CT SCAN	0	0	0	9,201	67,520	57.00
58.00	05800	MRI	0	0	0	0	77,125	58.00
60.00	06000	LABORATORY	0	0	45,347	8,517	228,754	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,648	0	5,213	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,893	44,250	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,729	0	27,615	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	243,193	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,798	0	5,687	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	899	0	2,844	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,394	4,342	22,133	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,492	0	71,454	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,333	67,615	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	19,316	0	0	23,223	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	268,564	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	179,038	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	78,989	90.02
91.00	09100	EMERGENCY	0	0	0	101,700	192,782	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	130,775	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	51,912	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	51,912	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	209,221	477,665	876,659	8,516,440	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	35,640	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	61,612	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	552,563	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	30,806	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	88,705	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	829,547	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	8,010	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	79,068	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	209,221	477,665	876,659	10,202,391	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			1.09	1.10	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0					1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0				1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			13,278,890			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	425,611	8,167,169		4.00
5.01	01160	COMMUNICATIONS	0	0	91,070	5,333	571,230	5.01
5.02	00550	DATA PROCESSING	0	0	4,722,109	0	9,347	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	74,153	61,680	4,782	5.03
5.04	00570	ADMITTING	0	0	2,560	180,381	17,824	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	203,160	161,255	16,085	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	305,686	218,913	56,514	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	75,213	121,838	6,956	6.00
7.00	00700	OPERATION OF PLANT	0	0	96,812	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	35,264	159,528	4,130	9.00
10.00	01000	DIETARY	0	0	13,479	107,283	5,434	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	89,949	227,100	11,303	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	294,051	73,882	3,260	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	7,999	149,276	9,129	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	1,026	11,143	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	535	4,404	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	84	14,102	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	278,612	943,435	90,639	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	46,961	157,644	8,695	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	125,734	115,687	6,086	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	6,248	76,583	3,695	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	13,663	64,121	7,173	41.00
43.00	04300	NURSERY	0	0	36,574	40,621	2,174	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	1,002,108	409,599	29,127	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	90,139	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	165,011	15,083	5,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	519,599	213,076	31,300	54.00
54.01	05401	ULTRASOUND	0	0	85,878	43,061	1,304	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	480,915	114,953	7,390	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,068,800	110,056	8,260	55.00
55.01	05501	CHEMOTHERAPY	0	0	35,451	57,541	1,739	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	54,066	28,537	2,608	56.01
57.00	05700	CT SCAN	0	0	623,219	47,235	2,174	57.00
58.00	05800	MRI	0	0	335,766	29,740	4,130	58.00
60.00	06000	LABORATORY	0	0	277,652	323,186	16,737	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	403	77	1,304	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	100,607	140,949	4,782	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,805	71,477	2,826	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	12,424	157,163	16,737	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,184	20,692	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	765	15,408	435	68.00
69.01	06901	CV DIAGNOSTIC	0	0	39,698	67,499	9,781	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	35,473	43,421	6,304	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			1.09	1.10	2.00	4.00	5.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19,164	220,954	4,782	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	10,749	35,866	2,826	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	19,858	222,421	10,433	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	14,261	146,939	3,260	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	29,357	33,293	5,217	90.01
90.02	09002	DIABETES CENTER	0	0	1,835	15,164	2,826	90.02
91.00	09100	EMERGENCY	0	0	647,580	288,535	16,737	91.00
91.01	09101	G.I. LABORATORY	0	0	184,475	45,520	5,217	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	4,031	93,751	7,173	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	288	97,248	8,042	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	12,724,975	6,092,792	482,546	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	442	0	435	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	3,442	0	1,956	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	8	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	467,104	1,932,484	59,992	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	11,281	42,064	3,043	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	15,570	0	6,956	193.11
193.13	19313	HEALTHPOINT	0	0	46,435	96,606	14,563	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	9,331	2,844	435	194.00
194.01	07951	FOUNDATION OFFICE	0	0	310	371	1,304	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	13,278,890	8,167,169	571,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5A.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	11,667,942	11,667,942				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,914,229	101,973	2,016,202			5.03
5.04	00570	ADMITTING	3,003,283	159,988	823	3,164,094		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,621,120	246,172	1,512	0	4,868,804	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	25,175,676	1,341,157	5,969	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,891,833	207,322	373	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,500,299	293,006	13	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	874,215	46,570	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,784,861	148,352	398	0	0	9.00
10.00	01000	DIETARY	2,779,854	148,086	104	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,605,761	245,353	4,790	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,919,391	102,248	23,700	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	667,328	35,549	2,624	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	77,312	4,118	173	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	20,058	1,069	8	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	48,831	2,601	61	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,834,720	843,531	113,383	121,609	187,098	30.00
33.01	03301	ADULT SPECIAL CARE	2,836,040	151,079	65,942	20,115	30,947	33.01
34.01	03401	CARDIOTHORACIC ICU	2,439,161	129,937	29,741	12,745	19,608	34.01
40.00	04000	SUBPROVIDER - IPF	1,264,433	67,358	513	8,643	13,297	40.00
41.00	04100	SUBPROVIDER - IRF	1,116,193	59,461	2,378	4,421	6,801	41.00
43.00	04300	NURSERY	625,824	33,338	3,639	5,776	8,886	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,063,598	589,369	233,670	356,700	548,793	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,525,602	81,270	20,183	17,205	26,470	52.00
53.00	05300	ANESTHESIOLOGY	845,906	45,062	143,442	79,646	122,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,374,421	233,030	149,879	96,078	147,819	54.00
54.01	05401	ULTRASOUND	794,353	42,316	8,917	34,490	53,064	54.01
54.03	05403	CARDIOVASCULAR LAB	4,184,990	222,939	177,383	118,667	182,572	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,049,722	215,733	50,717	63,803	98,162	55.00
55.01	05501	CHEMOTHERAPY	1,263,158	67,290	15,483	15,849	24,384	55.01
56.01	05601	NUCLEAR MEDICINE	1,498,104	79,805	530	61,685	94,904	56.01
57.00	05700	CT SCAN	1,876,561	99,966	24,365	155,491	239,227	57.00
58.00	05800	MRI	1,028,047	54,765	1,127	63,742	98,069	58.00
60.00	06000	LABORATORY	10,749,475	572,635	2,355	276,106	424,798	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	934,660	49,790	1,550	17,671	27,187	63.00
65.00	06500	RESPIRATORY THERAPY	2,810,920	149,741	8,182	99,087	152,448	65.00
66.00	06600	PHYSICAL THERAPY	1,032,259	54,989	204	22,795	35,071	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,493,880	132,851	721	43,452	66,852	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	293,583	15,639	15	7,672	11,804	67.00
68.00	06800	SPEECH PATHOLOGY	218,236	11,626	0	5,822	8,957	68.00
69.01	06901	CV DIAGNOSTIC	1,695,282	90,309	1,947	92,960	143,021	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	867,768	46,227	12,622	59,899	92,156	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,157,807	647,659	0	326,497	502,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,058,787	1,015,281	744,846	291,165	447,965	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5A.01	5.02	5.03	5.04	5.05	
73.00	07300	DRUGS CHARGED TO PATIENTS	22,507,455	1,198,995	2,135	449,485	692,308	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	416,712	22,199	156	2,732	4,203	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,546,449	188,923	1,241	15,109	23,246	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,815,979	150,010	4,033	13,633	20,975	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	616,931	32,865	1,008	14,338	22,059	90.01
90.02	09002	DIABETES CENTER	292,967	15,607	116	395	608	90.02
91.00	09100	EMERGENCY	5,940,990	316,482	95,581	147,044	226,231	91.00
91.01	09101	G.I. LABORATORY	1,128,529	60,118	49,470	29,685	45,671	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,455,342	77,528	2,204	4,780	7,354	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,687,578	89,899	1,518	7,102	10,927	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	218,894,415	11,039,186	2,011,744	3,164,094	4,868,804	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,754	2,118	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	68,066	3,626	5	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	8,080	430	74	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	30,922,985	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	5,072,117	270,197	466	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	3,770,374	200,852	1,825	0	0	193.11
193.13	19313	HEALTHPOINT	2,700,131	143,839	1,266	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	55,934	2,980	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	88,494	4,714	822	0	0	194.01
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 118-201)	261,620,350	11,667,942	2,016,202	3,164,094	4,868,804	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	26,522,802	26,522,802				5.06
6.00	00600	MAINTENANCE & REPAIRS	4,099,528	462,492	4,562,020			6.00
7.00	00700	OPERATION OF PLANT	5,793,318	653,579	162,165	6,609,062		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	920,785	103,879	0	44,638	1,069,302	8.00
9.00	00900	HOUSEKEEPING	2,933,611	330,958	72,427	39,290	0	9.00
10.00	01000	DIETARY	2,928,044	330,330	199,973	153,100	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,855,904	547,824	82,449	163,867	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,045,339	230,747	158,065	46,610	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	705,501	79,592	131,645	166,322	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	81,603	9,206	0	11,936	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	21,135	2,384	0	11,298	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	51,493	5,809	0	25,890	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,100,341	1,929,192	1,179,336	926,558	287,027	30.00
33.01	03301	ADULT SPECIAL CARE	3,104,123	350,195	159,887	125,828	36,552	33.01
34.01	03401	CARDIOTHORACIC ICU	2,631,192	296,841	106,136	213,452	29,870	34.01
40.00	04000	SUBPROVIDER - IPF	1,354,244	152,780	91,104	61,910	9,776	40.00
41.00	04100	SUBPROVIDER - IRF	1,189,254	134,167	111,602	94,696	25,983	41.00
43.00	04300	NURSERY	677,463	76,429	911	16,694	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,792,130	1,443,157	335,717	493,371	311,664	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,670,730	188,485	0	72,489	31,378	52.00
53.00	05300	ANESTHESIOLOGY	1,236,594	139,508	11,388	97,033	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,001,227	564,218	207,261	168,046	97,139	54.00
54.01	05401	ULTRASOUND	933,140	105,273	11,843	17,709	0	54.01
54.03	05403	CARDIOVASCULAR LAB	4,886,551	551,281	40,086	182,945	21,245	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,478,137	505,206	120,712	563,829	9,044	55.00
55.01	05501	CHEMOTHERAPY	1,386,164	156,381	40,541	252,482	9,044	55.01
56.01	05601	NUCLEAR MEDICINE	1,735,028	195,739	12,755	23,636	0	56.01
57.00	05700	CT SCAN	2,395,610	270,263	33,708	50,459	0	57.00
58.00	05800	MRI	1,245,750	140,541	50,563	57,637	9,536	58.00
60.00	06000	LABORATORY	12,025,369	1,356,654	140,300	170,950	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,030,858	116,297	3,189	3,896	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,220,378	363,310	46,007	33,069	0	65.00
66.00	06600	PHYSICAL THERAPY	1,145,318	129,210	15,032	20,637	3,959	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,737,756	308,863	1,367	181,741	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	328,713	37,084	456	4,250	0	67.00
68.00	06800	SPEECH PATHOLOGY	244,641	27,599	0	2,125	0	68.00
69.01	06901	CV DIAGNOSTIC	2,023,519	228,285	51,018	16,540	3,217	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,078,672	121,691	39,175	53,398	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,634,287	1,538,166	911	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,558,044	2,432,092	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,850,378	2,803,520	42,819	50,530	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	446,002	50,316	8,199	17,355	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,774,968	425,877	69,694	200,701	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,004,630	338,970	49,652	133,797	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	687,201	77,527	31,886	0	6,697	90.01
90.02	09002	DIABETES CENTER	309,693	34,938	14,577	59,030	0	90.02
91.00	09100	EMERGENCY	6,726,328	758,837	312,486	144,068	143,313	91.00
91.01	09101	G.I. LABORATORY	1,313,473	148,181	56,029	97,730	32,897	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,547,208	174,550	21,865	38,794	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,797,024	202,733	16,399	38,794	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	218,261,201	21,631,156	4,241,335	5,349,130	1,068,341	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,872	4,724	0	26,634	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	71,697	8,089	21,865	46,043	0	193.03
193.04	19304	COMMUNITY WELLNESS	8,584	968	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	30,922,985	3,488,648	230,492	412,937	961	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	5,342,780	602,751	10,932	23,022	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	3,973,051	448,224	27,787	66,290	0	193.11
193.13	19313	HEALTHPOINT	2,845,236	320,988	29,153	619,931	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	58,914	6,646	456	5,986	0	194.00
194.01	07951	FOUNDATION OFFICE	94,030	10,608	0	59,089	0	194.01
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 118-201)	261,620,350	26,522,802	4,562,020	6,609,062	1,069,302	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,376,286					9.00
10.00	01000	DIETARY	79,218	3,690,665				10.00
11.00	01100	CAFETERIA	0	1,678,347	1,678,347			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	84,789	0	107,502	0	5,842,335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,117	0	43,110	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	86,060	0	1,376	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	6,176	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	5,846	0	31	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	13,396	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	479,426	1,607,499	582,590	0	3,791,616	30.00
33.01	03301	ADULT SPECIAL CARE	65,107	81,060	39,154	0	472,108	33.01
34.01	03401	CARDIOTHORACIC ICU	110,446	70,874	31,414	0	383,588	34.01
40.00	04000	SUBPROVIDER - IPF	32,034	123,320	30,132	0	265,561	40.00
41.00	04100	SUBPROVIDER - IRF	48,998	98,658	25,019	0	206,547	41.00
43.00	04300	NURSERY	8,638	4,101	13,995	0	103,274	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	255,284	11,339	172,473	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,508	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,208	0	17,888	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,952	0	76,729	0	0	54.00
54.01	05401	ULTRASOUND	9,163	0	15,214	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	94,661	375	66,737	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	291,741	0	313	0	0	55.00
55.01	05501	CHEMOTHERAPY	130,641	0	16	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	12,230	1,461	2,267	0	0	56.01
57.00	05700	CT SCAN	26,109	0	14,292	0	0	57.00
58.00	05800	MRI	29,823	0	1,564	0	0	58.00
60.00	06000	LABORATORY	88,454	0	108,159	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,016	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	17,111	0	58,231	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,678	0	21,156	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	94,038	0	516	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,199	0	3,518	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,100	0	3,675	0	0	68.00
69.01	06901	CV DIAGNOSTIC	8,558	0	17,404	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	27,630	483	22,830	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,145	0	62,078	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,980	0	7,474	0	88,520	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	103,849	0	141	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	69,230	0	31	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	16	0	0	90.01
90.02	09002	DIABETES CENTER	30,544	0	0	0	44,260	90.02
91.00	09100	EMERGENCY	74,545	13,148	84,970	0	0	91.00
91.01	09101	G.I. LABORATORY	50,568	0	16,809	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	20,073	0	3,362	0	221,301	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	20,073	0	1,079	0	250,807	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,724,362	3,690,665	1,653,265	0	5,827,582	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,781	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	23,824	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	213,665	0	23,127	0	14,753	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	11,912	0	1,173	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	34,301	0	297	0	0	193.11
193.13	19313	HEALTHPOINT	320,770	0	16	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	3,097	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	30,574	0	469	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,376,286	3,690,665	1,678,347	0	5,842,335	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,547,988					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0		20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,580	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	26,719	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	13,155	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	334	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,333	0	0	0	0	41.00
43.00	04300	NURSERY	1,181	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	455,669	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,527	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	53,570	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,760	0	0	0	0	54.00
54.01	05401	ULTRASOUND	3,430	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	223,551	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	15,797	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	6,499	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	302	0	0	0	0	56.01
57.00	05700	CT SCAN	9,763	0	0	0	0	57.00
58.00	05800	MRI	1,072	0	0	0	0	58.00
60.00	06000	LABORATORY	212,652	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,279	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	27,039	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	124	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	827	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	24	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	1,493	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	5,721	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,283,248	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	6,075	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	131	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,430	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,769	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	2,320	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	15	0	0	0	0	90.02
91.00	09100	EMERGENCY	37,695	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	16,475	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,011	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	660	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,543,246	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	4,742	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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 118-201)	2,547,988	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			20.00	20.01	20.02	20.03	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	1,170,496					20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY		108,921				20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY			40,694			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO				96,588		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM						23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	940,144	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	14,237	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	12,988	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	80,676	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	29,161	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	40,694	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	96,588	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	25,976	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	108,921	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			20.00	20.01	20.02	20.03	21.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	62,568	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,746	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,170,496	108,921	40,694	96,588	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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 118-201)	1,170,496	108,921	40,694	96,588	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			22.00	23.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO						20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		0				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	28,880,309	0	28,880,309	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	4,474,970	0	4,474,970	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	3,899,956	0	3,899,956	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	2,201,871	0	2,201,871	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,965,418	0	1,965,418	41.00
43.00	04300	NURSERY	0	0	902,686	0	902,686	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	16,311,498	0	16,311,498	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,008,117	0	2,008,117	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,606,189	0	1,606,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,355,920	0	6,355,920	54.00
54.01	05401	ULTRASOUND	0	0	1,095,772	0	1,095,772	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	6,093,408	0	6,093,408	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,984,779	0	5,984,779	55.00
55.01	05501	CHEMOTHERAPY	0	0	1,981,768	0	1,981,768	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	1,983,418	0	1,983,418	56.01
57.00	05700	CT SCAN	0	0	2,800,204	0	2,800,204	57.00
58.00	05800	MRI	0	0	1,536,486	0	1,536,486	58.00
60.00	06000	LABORATORY	0	0	14,211,459	0	14,211,459	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,165,535	0	1,165,535	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,765,145	0	3,765,145	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,346,114	0	1,346,114	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	3,325,108	0	3,325,108	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	376,244	0	376,244	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	279,156	0	279,156	68.00
69.01	06901	CV DIAGNOSTIC	0	0	2,350,034	0	2,350,034	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			22.00	23.00	24.00	25.00	26.00	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	1,349,600	0	1,349,600	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	15,173,364	0	15,173,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	25,273,384	0	25,273,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27,841,545	0	27,841,545	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	626,977	0	626,977	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	4,576,660	0	4,576,660	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	3,599,079	0	3,599,079	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	805,647	0	805,647	90.01
90.02	09002	DIABETES CENTER	0	0	493,057	0	493,057	90.02
91.00	09100	EMERGENCY	0	0	8,357,958	0	8,357,958	91.00
91.01	09101	G.I. LABORATORY	0	0	1,732,162	0	1,732,162	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	2,028,164	0	2,028,164	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,332,315	0	2,332,315	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	211,091,476	0	211,091,476	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	87,011	0	87,011	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	171,518	0	171,518	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	9,552	0	9,552	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	35,312,310	0	35,312,310	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	5,992,570	0	5,992,570	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	4,549,950	0	4,549,950	193.11
193.13	19313	HEALTHPOINT	0	0	4,136,094	0	4,136,094	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	75,099	0	75,099	194.00
194.01	07951	FOUNDATION OFFICE	0	0	194,770	0	194,770	194.01
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 118-201)	0	0	261,620,350	0	261,620,350	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	26,439	3,161	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	3,976	2,190	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	37,836	0	6,465	63,984	0	5.03
5.04	00570	ADMITTING	0	0	20,844	0	19,074	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,206	0	0	7,711	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	44,906	19,658	0	53,868	5.06
6.00	00600	MAINTENANCE & REPAIRS	6,495	0	0	16,758	40,411	6.00
7.00	00700	OPERATION OF PLANT	1,429,666	18,832	12,553	52,273	15,055	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,772	4,761	1,223	8.00
9.00	00900	HOUSEKEEPING	0	0	9,212	8,538	2,675	9.00
10.00	01000	DIETARY	960	0	20,612	0	69,863	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	36,461	15,623	7,665	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,077	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,937	25,745	68,808	347,087	92,274	30.00
33.01	03301	ADULT SPECIAL CARE	62,054	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	36,321	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	83,217	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,136	0	43,212	0	0	41.00
43.00	04300	NURSERY	1,404	0	0	0	10,806	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	104,799	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	18,877	0	20,152	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,517	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	4,352	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	27,267	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	56,105	18,667	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
70.01	07001	NEUROPHYSIOLOGY	1,365	56,149	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	392,206	67,819	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	44,596	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	31,941	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	27,335	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,327,618	281,946	292,802	586,473	333,112	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,237	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	42,703	0	2,080	0	9,048	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	8,925	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	1,761	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,381,007	281,946	294,882	589,710	342,160	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,774	0	0	74,266	4.00
5.01	01160	COMMUNICATIONS	0	0	2,337	0	10,427	5.01
5.02	00550	DATA PROCESSING	0	9,119	7,610	0	48,879	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	82,655	5.03
5.04	00570	ADMITTING	0	16,609	0	0	120,522	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	28,989	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	11,432	8,799	2,617	260,223	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	73,040	238,675	6.00
7.00	00700	OPERATION OF PLANT	0	25,545	79,098	0	493,984	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	320	1,067	59,732	8.00
9.00	00900	HOUSEKEEPING	0	4,468	799	1,917	52,575	9.00
10.00	01000	DIETARY	0	0	0	0	204,867	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	60,958	1,788	0	219,275	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	62,370	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	222,561	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	15,972	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	15,119	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	34,645	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	150,794	0	1,239,848	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	53,221	0	168,374	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	150,680	285,626	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	82,844	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	126,715	41.00
43.00	04300	NURSERY	0	0	0	0	22,338	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	84,701	175,707	660,194	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	96,999	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	59,964	129,843	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,893	224,867	54.00
54.01	05401	ULTRASOUND	0	0	0	12,501	23,697	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	22,891	46,954	244,804	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	178,648	754,476	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	337,854	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	16,685	31,627	56.01
57.00	05700	CT SCAN	0	0	0	9,201	67,520	57.00
58.00	05800	MRI	0	0	0	0	77,125	58.00
60.00	06000	LABORATORY	0	0	45,347	8,517	228,754	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,648	0	5,213	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,893	44,250	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,729	0	27,615	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	243,193	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,798	0	5,687	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	899	0	2,844	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,394	4,342	22,133	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,492	0	71,454	70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,333	67,615	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	19,316	0	0	23,223	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	268,564	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	179,038	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	78,989	90.02
91.00	09100	EMERGENCY	0	0	0	101,700	192,782	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	130,775	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	51,912	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	51,912	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	209,221	477,665	876,659	8,516,440	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	35,640	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	61,612	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	552,563	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	30,806	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	88,705	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	829,547	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	8,010	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	79,068	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	209,221	477,665	876,659	10,202,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			1.09	1.10	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	425,611	561,651	561,651	4.00
5.01	01160	COMMUNICATIONS	0	0	91,070	133,434	367	5.01
5.02	00550	DATA PROCESSING	0	0	4,722,109	4,793,883	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	74,153	265,093	4,242	5.03
5.04	00570	ADMITTING	0	0	2,560	179,609	12,405	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	203,160	250,066	11,089	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	305,686	707,189	15,054	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	75,213	450,592	8,379	6.00
7.00	00700	OPERATION OF PLANT	0	0	96,812	2,223,818	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	68,875	0	8.00
9.00	00900	HOUSEKEEPING	0	0	35,264	115,448	10,971	9.00
10.00	01000	DIETARY	0	0	13,479	309,781	7,378	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	89,949	431,719	15,617	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	294,051	357,498	5,081	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	7,999	230,560	10,265	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	1,026	16,998	766	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	535	15,654	303	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	84	34,729	970	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	278,612	2,280,105	64,879	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	46,961	330,610	10,841	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	125,734	598,361	7,956	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	6,248	172,309	5,266	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	13,663	187,726	4,410	41.00
43.00	04300	NURSERY	0	0	36,574	71,122	2,793	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	1,002,108	2,027,509	28,168	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	136,028	6,199	52.00
53.00	05300	ANESTHESIOLOGY	0	0	165,011	360,335	1,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	519,599	762,359	14,653	54.00
54.01	05401	ULTRASOUND	0	0	85,878	122,076	2,961	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	480,915	799,916	7,905	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,068,800	2,001,924	7,568	55.00
55.01	05501	CHEMOTHERAPY	0	0	35,451	373,305	3,957	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	54,066	102,378	1,962	56.01
57.00	05700	CT SCAN	0	0	623,219	699,940	3,248	57.00
58.00	05800	MRI	0	0	335,766	412,891	2,045	58.00
60.00	06000	LABORATORY	0	0	277,652	587,537	22,225	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	403	7,264	5	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	100,607	233,522	9,693	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,805	42,149	4,915	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	12,424	255,617	10,808	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,184	10,669	1,423	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	765	4,508	1,060	68.00
69.01	06901	CV DIAGNOSTIC	0	0	39,698	70,567	4,642	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	35,473	166,933	2,986	70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19,164	548,137	15,195	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	10,749	53,288	2,466	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	19,858	288,422	15,296	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	14,261	193,299	10,105	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	29,357	29,357	2,290	90.01
90.02	09002	DIABETES CENTER	0	0	1,835	80,824	1,043	90.02
91.00	09100	EMERGENCY	0	0	647,580	942,062	19,842	91.00
91.01	09101	G.I. LABORATORY	0	0	184,475	359,846	3,130	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	4,031	87,884	6,447	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	288	79,535	6,688	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	12,724,975	26,626,911	418,994	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	442	39,319	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	3,442	65,054	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	1	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	467,104	1,073,498	132,898	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	11,281	51,012	2,893	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	15,570	106,036	0	193.11
193.13	19313	HEALTHPOINT	0	0	46,435	875,982	6,643	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	9,331	17,341	196	194.00
194.01	07951	FOUNDATION OFFICE	0	0	310	79,378	26	194.01
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 118-201)	0	0	13,278,890	28,934,531	561,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	133,801					5.01
5.02	00550	DATA PROCESSING	2,189	4,796,072				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,120	41,916	312,371			5.03
5.04	00570	ADMITTING	4,175	65,763	128	262,080		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,768	101,189	234	0	366,346	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	13,238	551,257	925	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,629	85,219	58	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	120,440	2	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,143	0	0	0	8.00
9.00	00900	HOUSEKEEPING	967	60,980	62	0	0	9.00
10.00	01000	DIETARY	1,273	60,870	16	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,648	100,852	742	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	764	42,029	3,672	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,138	14,612	407	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	1,693	27	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	439	1	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	1,069	9	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,232	346,733	17,566	10,075	14,091	30.00
33.01	03301	ADULT SPECIAL CARE	2,037	62,101	10,216	1,667	2,331	33.01
34.01	03401	CARDIOTHORACIC ICU	1,426	53,410	4,608	1,056	1,477	34.01
40.00	04000	SUBPROVIDER - IPF	866	27,687	79	716	1,001	40.00
41.00	04100	SUBPROVIDER - IRF	1,680	24,441	368	366	512	41.00
43.00	04300	NURSERY	509	13,704	564	479	669	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,822	242,260	36,203	29,553	41,333	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,406	3,127	1,425	1,994	52.00
53.00	05300	ANESTHESIOLOGY	1,375	18,523	22,224	6,599	9,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,332	95,787	23,221	7,960	11,133	54.00
54.01	05401	ULTRASOUND	305	17,394	1,382	2,858	3,997	54.01
54.03	05403	CARDIOVASCULAR LAB	1,731	91,639	27,482	9,832	13,750	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,935	88,677	7,858	5,286	7,393	55.00
55.01	05501	CHEMOTHERAPY	407	27,659	2,399	1,313	1,836	55.01
56.01	05601	NUCLEAR MEDICINE	611	32,804	82	5,111	7,148	56.01
57.00	05700	CT SCAN	509	41,091	3,775	12,882	18,017	57.00
58.00	05800	MRI	967	22,511	175	5,281	7,386	58.00
60.00	06000	LABORATORY	3,920	235,381	365	22,876	31,994	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	305	20,466	240	1,464	2,048	63.00
65.00	06500	RESPIRATORY THERAPY	1,120	61,551	1,268	8,209	11,482	65.00
66.00	06600	PHYSICAL THERAPY	662	22,603	32	1,889	2,641	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,920	54,608	112	3,600	5,035	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,429	2	636	889	67.00
68.00	06800	SPEECH PATHOLOGY	102	4,779	0	482	675	68.00
69.01	06901	CV DIAGNOSTIC	2,291	37,122	302	7,702	10,772	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,476	19,002	1,956	4,963	6,941	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	266,219	0	27,050	37,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	417,330	115,398	24,123	33,739	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,120	492,846	331	37,173	51,789	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	662	9,125	24	226	317	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,444	77,657	192	1,252	1,751	88.01
88.02	08802	RURAL HEALTH CLINIC III	764	61,661	625	1,129	1,580	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	1,222	13,509	156	1,188	1,661	90.01
90.02	09002	DIABETES CENTER	662	6,415	18	33	46	90.02
91.00	09100	EMERGENCY	3,920	130,090	14,808	12,183	17,039	91.00
91.01	09101	G.I. LABORATORY	1,222	24,711	7,664	2,459	3,440	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,680	31,868	341	396	554	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,884	36,953	235	588	823	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,029	4,537,623	311,681	262,080	366,346	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102	870	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	458	1,490	1	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	177	11	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	14,052	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	713	111,064	72	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	1,629	82,560	283	0	0	193.11
193.13	19313	HEALTHPOINT	3,411	59,125	196	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	102	1,225	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	305	1,938	127	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	133,801	4,796,072	312,371	262,080	366,346	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,287,663					5.06
6.00	00600	MAINTENANCE & REPAIRS	22,453	568,330				6.00
7.00	00700	OPERATION OF PLANT	31,730	20,202	2,396,192			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,043	0	16,184	109,245		8.00
9.00	00900	HOUSEKEEPING	16,067	9,023	14,245	0	227,763	9.00
10.00	01000	DIETARY	16,037	24,912	55,508	0	5,344	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	26,596	10,271	59,412	0	5,720	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,202	19,692	16,899	0	1,627	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	3,864	16,400	60,302	0	5,806	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	447	0	4,327	0	417	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	116	0	4,096	0	394	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	282	0	9,387	0	904	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	93,659	146,922	335,937	29,324	32,341	30.00
33.01	03301	ADULT SPECIAL CARE	17,001	19,919	45,620	3,734	4,392	33.01
34.01	03401	CARDIOTHORACIC ICU	14,411	13,222	77,389	3,052	7,451	34.01
40.00	04000	SUBPROVIDER - IPF	7,417	11,350	22,446	999	2,161	40.00
41.00	04100	SUBPROVIDER - IRF	6,514	13,903	34,333	2,655	3,305	41.00
43.00	04300	NURSERY	3,710	113	6,052	0	583	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70,062	41,823	178,877	31,840	17,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,151	0	26,282	3,206	2,530	52.00
53.00	05300	ANESTHESIOLOGY	6,773	1,419	35,181	0	3,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,392	25,820	60,927	9,924	5,866	54.00
54.01	05401	ULTRASOUND	5,111	1,475	6,421	0	618	54.01
54.03	05403	CARDIOVASCULAR LAB	26,764	4,994	66,329	2,171	6,386	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	24,527	15,038	204,423	924	19,681	55.00
55.01	05501	CHEMOTHERAPY	7,592	5,051	91,540	924	8,813	55.01
56.01	05601	NUCLEAR MEDICINE	9,503	1,589	8,569	0	825	56.01
57.00	05700	CT SCAN	13,121	4,199	18,294	0	1,761	57.00
58.00	05800	MRI	6,823	6,299	20,897	974	2,012	58.00
60.00	06000	LABORATORY	65,863	17,478	61,980	0	5,967	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,646	397	1,413	0	136	63.00
65.00	06500	RESPIRATORY THERAPY	17,638	5,732	11,989	0	1,154	65.00
66.00	06600	PHYSICAL THERAPY	6,273	1,873	7,482	404	720	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	14,995	170	65,892	0	6,344	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,800	57	1,541	0	148	67.00
68.00	06800	SPEECH PATHOLOGY	1,340	0	770	0	74	68.00
69.01	06901	CV DIAGNOSTIC	11,083	6,356	5,997	329	577	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	5,908	4,880	19,360	0	1,864	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,675	113	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,073	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	136,106	5,334	18,320	0	1,764	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,443	1,021	6,292	0	606	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	20,675	8,682	72,767	0	7,006	88.01
88.02	08802	RURAL HEALTH CLINIC III	16,456	6,186	48,510	0	4,670	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	3,764	3,972	0	684	0	90.01
90.02	09002	DIABETES CENTER	1,696	1,816	21,402	0	2,060	90.02
91.00	09100	EMERGENCY	36,840	38,929	52,234	14,642	5,029	91.00
91.01	09101	G.I. LABORATORY	7,194	6,980	35,433	3,361	3,411	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	8,474	2,724	14,065	0	1,354	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,842	2,043	14,065	0	1,354	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,050,152	528,379	1,939,389	109,147	183,783	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	229	0	9,657	0	930	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	393	2,724	16,694	0	1,607	193.03
193.04	19304	COMMUNITY WELLNESS	47	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	169,399	28,714	149,715	98	14,414	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	29,262	1,362	8,347	0	804	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	21,760	3,462	24,034	0	2,314	193.11
193.13	19313	HEALTHPOINT	15,583	3,632	224,763	0	21,639	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	323	57	2,170	0	209	194.00
194.01	07951	FOUNDATION OFFICE	515	0	21,423	0	2,063	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,287,663	568,330	2,396,192	109,245	227,763	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	481,119					10.00
11.00	01100	CAFETERIA	218,792	218,792				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	14,014	0	667,591		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,620	0	0	464,084	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	179	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	4	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	209,555	75,948	0	433,258	10,305	30.00
33.01	03301	ADULT SPECIAL CARE	10,567	5,104	0	53,947	4,866	33.01
34.01	03401	CARDIOTHORACIC ICU	9,239	4,095	0	43,832	2,396	34.01
40.00	04000	SUBPROVIDER - IPF	16,076	3,928	0	30,345	61	40.00
41.00	04100	SUBPROVIDER - IRF	12,861	3,261	0	23,602	243	41.00
43.00	04300	NURSERY	535	1,824	0	11,801	215	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,478	22,484	0	0	82,991	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,371	52.00
53.00	05300	ANESTHESIOLOGY	0	2,332	0	0	9,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,003	0	0	10,520	54.00
54.01	05401	ULTRASOUND	0	1,983	0	0	625	54.01
54.03	05403	CARDIOVASCULAR LAB	49	8,700	0	0	40,715	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	41	0	0	2,877	55.00
55.01	05501	CHEMOTHERAPY	0	2	0	0	1,184	55.01
56.01	05601	NUCLEAR MEDICINE	190	296	0	0	55	56.01
57.00	05700	CT SCAN	0	1,863	0	0	1,778	57.00
58.00	05800	MRI	0	204	0	0	195	58.00
60.00	06000	LABORATORY	0	14,100	0	0	38,730	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,690	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,591	0	0	4,925	65.00
66.00	06600	PHYSICAL THERAPY	0	2,758	0	0	23	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	67	0	0	151	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	459	0	0	4	67.00
68.00	06800	SPEECH PATHOLOGY	0	479	0	0	3	68.00
69.01	06901	CV DIAGNOSTIC	0	2,269	0	0	272	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	63	2,976	0	0	1,042	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	233,736	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,093	0	0	1,107	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	974	0	10,115	24	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	18	0	0	260	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	4	0	0	504	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	2	0	0	422	90.01
90.02	09002	DIABETES CENTER	0	0	0	5,058	3	90.02
91.00	09100	EMERGENCY	1,714	11,077	0	0	6,865	91.00
91.01	09101	G.I. LABORATORY	0	2,191	0	0	3,001	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	438	0	25,288	184	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	141	0	28,659	120	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	481,119	215,522	0	665,905	463,220	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	3,015	0	1,686	864	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	153	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	39	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	2	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	61	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	481,119	218,792	0	667,591	464,084	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		344,533	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0			20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0			33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0			34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
43.00	04300	NURSERY	0	0	0			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
54.01	05401	ULTRASOUND	0	0	0			54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
55.01	05501	CHEMOTHERAPY	0	0	0			55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0			56.01
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MRI	0	0	0			58.00
60.00	06000	LABORATORY	0	0	0			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0			66.01
66.02	06602	PHYSIATRY	0	0	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.01	06901	CV DIAGNOSTIC	0	0	0			69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0			69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
76.00	03950	CARDIAC REHAB	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0			88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0			90.01
90.02	09002	DIABETES CENTER	0	0	0			90.02
91.00	09100	EMERGENCY	0	0	0			91.00
91.01	09101	G.I. LABORATORY	0	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.01	19101	RESPITE CARE	0	0	0			191.01
193.01	19301	VENDING MACHINES	0	0	0			193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0			193.02
193.03	19303	LACEYS RESTAURANT	0	0	0			193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0			193.04
193.05	19305	HOME INFUSION	0	0	0			193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0			193.06
193.07	19307	GENERATIONS	0	0	0			193.07
193.08	19308	RETAIL PHARMACY	0	0	0			193.08
193.09	19309	OUTREACH LAB	0	0	0			193.09
193.10	19310	FOOT CLINIC	0	0	0			193.10
193.11	19311	MARKETING	0	0	0			193.11
193.13	19313	HEALTHPOINT	0	0	0			193.13
193.14	19314	DOCTORS PARK	0	0	0			193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0			194.00
194.01	07951	FOUNDATION OFFICE	0	0	0			194.01
200.00		Cross Foot Adjustments				0	344,533	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	344,533	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			20.01	20.02	20.03	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	24,675					20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY		21,007				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO			47,350			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM						23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
33.01	03301	ADULT SPECIAL CARE						33.01
34.01	03401	CARDIOTHORACIC ICU						34.01
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	ULTRASOUND						54.01
54.03	05403	CARDIOVASCULAR LAB						54.03
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	05501	CHEMOTHERAPY						55.01
56.01	05601	NUCLEAR MEDICINE						56.01
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB						66.01
66.02	06602	PHYSIATRY						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.01	06901	CV DIAGNOSTIC						69.01
69.02	06902	ELECTROPHYSIOLOGY LAB						69.02
70.01	07001	NEUROPHYSIOLOGY						70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			20.01	20.02	20.03	21.00	22.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
76.00	03950	CARDIAC REHAB						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
88.01	08801	RURAL HEALTH CLINIC II						88.01
88.02	08802	RURAL HEALTH CLINIC III						88.02
90.01	09001	HYPERBARIC WOUND CLINIC						90.01
90.02	09002	DIABETES CENTER						90.02
91.00	09100	EMERGENCY						91.00
91.01	09101	G.I. LABORATORY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.01	19101	RESPITE CARE						191.01
193.01	19301	VENDING MACHINES						193.01
193.02	19302	SUNSET GUEST HOUSE						193.02
193.03	19303	LACEYS RESTAURANT						193.03
193.04	19304	COMMUNITY WELLNESS						193.04
193.05	19305	HOME INFUSION						193.05
193.06	19306	SE HOSP PHYSICIANS LLC						193.06
193.07	19307	GENERATIONS						193.07
193.08	19308	RETAIL PHARMACY						193.08
193.09	19309	OUTREACH LAB						193.09
193.10	19310	FOOT CLINIC						193.10
193.11	19311	MARKETING						193.11
193.13	19313	HEALTHPOINT						193.13
193.14	19314	DOCTORS PARK						193.14
194.00	07950	JAZZMANS RESTAURANT						194.00
194.01	07951	FOUNDATION OFFICE						194.01
200.00		Cross Foot Adjustments	24,675	21,007	47,350	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,675	21,007	47,350	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO						20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		4,121,930	0	4,121,930		30.00
33.01	03301	ADULT SPECIAL CARE		584,953	0	584,953		33.01
34.01	03401	CARDIOTHORACIC ICU		843,381	0	843,381		34.01
40.00	04000	SUBPROVIDER - IPF		302,707	0	302,707		40.00
41.00	04100	SUBPROVIDER - IRF		320,180	0	320,180		41.00
43.00	04300	NURSERY		114,673	0	114,673		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,858,624	0	2,858,624		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		224,719	0	224,719		52.00
53.00	05300	ANESTHESIOLOGY		478,171	0	478,171		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,072,897	0	1,072,897		54.00
54.01	05401	ULTRASOUND		167,206	0	167,206		54.01
54.03	05403	CARDIOVASCULAR LAB		1,108,363	0	1,108,363		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		2,388,152	0	2,388,152		55.00
55.01	05501	CHEMOTHERAPY		525,982	0	525,982		55.01
56.01	05601	NUCLEAR MEDICINE		171,123	0	171,123		56.01
57.00	05700	CT SCAN		820,478	0	820,478		57.00
58.00	05800	MRI		488,660	0	488,660		58.00
60.00	06000	LABORATORY		1,108,416	0	1,108,416		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		41,074	0	41,074		63.00
65.00	06500	RESPIRATORY THERAPY		375,874	0	375,874		65.00
66.00	06600	PHYSICAL THERAPY		94,424	0	94,424		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB		421,319	0	421,319		66.01
66.02	06602	PHYSIATRY		0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY		24,057	0	24,057		67.00
68.00	06800	SPEECH PATHOLOGY		14,272	0	14,272		68.00
69.01	06901	CV DIAGNOSTIC		160,281	0	160,281		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB		0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY		240,350	0	240,350		70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		405,890	0	405,890		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		942,399	0	942,399		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,317,315	0	1,317,315		73.00
76.00	03950	CARDIAC REHAB		0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION		87,583	0	87,583		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0		76.98
76.99	07699	LITHOTRIPSY		0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II		496,422	0	496,422		88.01
88.02	08802	RURAL HEALTH CLINIC III		345,493	0	345,493		88.02
90.01	09001	HYPERBARIC WOUND CLINIC		58,227	0	58,227		90.01
90.02	09002	DIABETES CENTER		121,076	0	121,076		90.02
91.00	09100	EMERGENCY		1,307,274	0	1,307,274		91.00
91.01	09101	G.I. LABORATORY		464,043	0	464,043		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		181,697	0	181,697		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		182,930	0	182,930		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	24,982,615	0	24,982,615		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		51,107	0	51,107		190.00
191.01	19101	RESPITE CARE		0	0	0		191.01
193.01	19301	VENDING MACHINES		0	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE		0	0	0		193.02
193.03	19303	LACEYS RESTAURANT		88,421	0	88,421		193.03
193.04	19304	COMMUNITY WELLNESS		236	0	236		193.04
193.05	19305	HOME INFUSION		0	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC		1,588,353	0	1,588,353		193.06
193.07	19307	GENERATIONS		0	0	0		193.07
193.08	19308	RETAIL PHARMACY		205,682	0	205,682		193.08
193.09	19309	OUTREACH LAB		0	0	0		193.09
193.10	19310	FOOT CLINIC		0	0	0		193.10
193.11	19311	MARKETING		242,117	0	242,117		193.11
193.13	19313	HEALTHPOINT		1,210,976	0	1,210,976		193.13
193.14	19314	DOCTORS PARK		0	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT		21,623	0	21,623		194.00
194.01	07951	FOUNDATION OFFICE		105,836	0	105,836		194.01
200.00		Cross Foot Adjustments	0	437,565	0	437,565		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	28,934,531	0	28,934,531		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,128					1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	54,736				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	37,161			1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	44,774		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	0	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	192	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	738	138	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,200	4,032	0	0	5.03
5.04	00570	ADMITTING	0	3,869	0	2,496	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	620	0	0	1,009	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,728	3,649	0	7,049	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,056	5,288	0	6.00
7.00	00700	OPERATION OF PLANT	1,144	2,330	3,294	1,970	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	329	300	160	0	8.00
9.00	00900	HOUSEKEEPING	0	1,710	538	350	0	9.00
10.00	01000	DIETARY	0	3,826	0	9,142	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,215	2,900	483	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	200	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,564	12,772	21,872	12,075	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	5,244	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,021	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,414	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,504	0	2,637	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,024	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,134	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
70.01	07001	NEUROPHYSIOLOGY	3,411	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,120	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	8,278	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,128	54,350	36,957	43,590	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	204	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	386	0	1,184	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	281,946	294,882	589,710	342,160	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.461116	5.387350	15.869056	7.641935	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	15,922					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	95,656				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	105,190			1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	645,807		1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,701	0	0	4,701	0	4.00
5.01	01160	COMMUNICATIONS	0	468	0	660	0	5.01
5.02	00550	DATA PROCESSING	694	1,524	0	3,094	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	5,232	0	5.03
5.04	00570	ADMITTING	1,264	0	0	7,629	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,835	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	870	1,762	314	16,472	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,764	15,108	0	6.00
7.00	00700	OPERATION OF PLANT	1,944	15,840	0	31,269	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	64	128	3,781	0	8.00
9.00	00900	HOUSEKEEPING	340	160	230	3,328	0	9.00
10.00	01000	DIETARY	0	0	0	12,968	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,639	358	0	13,880	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,948	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	14,088	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	1,011	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	957	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	2,193	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	30,198	0	78,482	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	10,658	0	10,658	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	18,080	18,080	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	5,244	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	8,021	0	41.00
43.00	04300	NURSERY	0	0	0	1,414	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	16,962	21,083	41,790	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,140	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,195	8,219	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,147	14,234	0	54.00
54.01	05401	ULTRASOUND	0	0	1,500	1,500	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	4,584	5,634	15,496	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,436	47,758	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	21,386	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,002	2,002	0	56.01
57.00	05700	CT SCAN	0	0	1,104	4,274	0	57.00
58.00	05800	MRI	0	0	0	4,882	0	58.00
60.00	06000	LABORATORY	0	9,081	1,022	14,480	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	330	0	330	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,667	2,801	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,748	0	1,748	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	15,394	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	360	0	360	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	180	0	180	0	68.00
69.01	06901	CV DIAGNOSTIC	0	880	521	1,401	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	
			1.05	1.06	1.07	1.08	1.09	
70.01	07001	NEUROPHYSIOLOGY	0	499	0	4,523	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	160	4,280	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	0	0	1,470	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	17,000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	11,333	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	5,000	0	90.02
91.00	09100	EMERGENCY	0	0	12,203	12,203	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	8,278	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,286	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,286	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,922	95,656	105,190	539,087	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,256	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	3,900	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	34,977	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	1,950	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	5,615	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	52,510	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	507	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	5,005	0	194.01
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)	209,221	477,665	876,659	10,202,391	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.140372	4.993571	8.334053	15.797895	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	CAPITAL RELATED COSTS MVBLE EQUIP (DIRECT COS TS)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	
			1.10	2.00	4.00	5.01	5A.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,432,157				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	430,523	91,831,495			4.00
5.01	01160	COMMUNICATIONS	0	92,121	59,962	2,628		5.01
5.02	00550	DATA PROCESSING	0	4,776,615	0	43	-11,667,942	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	75,009	693,536	22	0	5.03
5.04	00570	ADMITTING	0	2,590	2,028,212	82	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	205,505	1,813,160	74	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	309,214	2,461,467	260	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	76,081	1,369,953	32	0	6.00
7.00	00700	OPERATION OF PLANT	0	97,929	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	35,671	1,793,740	19	0	9.00
10.00	01000	DIETARY	0	13,635	1,206,293	25	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	90,987	2,553,526	52	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	297,445	830,730	15	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	8,091	1,678,466	42	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	1,038	125,291	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	541	49,515	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	85	158,565	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	281,828	10,608,016	417	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	47,503	1,772,554	40	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	127,185	1,300,786	28	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	6,320	861,097	17	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	13,821	720,978	33	0	41.00
43.00	04300	NURSERY	0	36,996	456,749	10	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,013,674	4,605,547	134	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,013,522	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	166,916	169,598	27	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	525,596	2,395,832	144	0	54.00
54.01	05401	ULTRASOUND	0	86,869	484,182	6	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	486,466	1,292,538	34	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,081,136	1,237,477	38	0	55.00
55.01	05501	CHEMOTHERAPY	0	35,860	646,991	8	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	54,690	320,867	12	0	56.01
57.00	05700	CT SCAN	0	630,412	531,107	10	0	57.00
58.00	05800	MRI	0	339,641	334,393	19	0	58.00
60.00	06000	LABORATORY	0	280,857	3,633,917	77	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	408	864	6	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	101,768	1,584,837	22	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,872	803,690	13	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	12,567	1,767,151	77	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,221	232,666	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	774	173,248	2	0	68.00
69.01	06901	CV DIAGNOSTIC	0	40,156	758,958	45	0	69.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	MVBLE EQUIP (DIRECT COS TS)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	
			1.10	2.00	4.00	5.01	5A.02	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	35,882	488,228	29	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,385	2,484,417	22	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	10,873	403,274	13	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	20,087	2,500,908	48	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	14,426	1,652,192	15	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	29,696	374,352	24	0	90.01
90.02	09002	DIABETES CENTER	0	1,856	170,507	13	0	90.02
91.00	09100	EMERGENCY	0	655,054	3,244,300	77	0	91.00
91.01	09101	G.I. LABORATORY	0	186,604	511,827	24	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	4,078	1,054,139	33	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	291	1,093,463	37	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,871,848	68,507,588	2,220	-11,667,942	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	447	0	2	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	3,482	0	9	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	86	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	472,495	21,728,457	276	-30,922,985	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	11,411	472,974	14	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	15,750	0	32	0	193.11
193.13	19313	HEALTHPOINT	0	46,971	1,086,246	67	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	9,439	31,973	2	0	194.00
194.01	07951	FOUNDATION OFFICE	0	314	4,171	6	0	194.01
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)	0	13,278,890	8,167,169	571,230		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.988590	0.088936	217.363014		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			561,651	133,801		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.006116	50.913623		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	219,029,423					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,914,229	9,394,068				5.03
5.04	00570	ADMITTING	3,003,283	3,836	916,700,220			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,621,120	7,044	0	916,700,220		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	25,175,676	27,809	0	0	-26,522,802	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,891,833	1,738	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,500,299	60	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	874,215	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,784,861	1,855	0	0	0	9.00
10.00	01000	DIETARY	2,779,854	483	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,605,761	22,316	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,919,391	110,425	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	667,328	12,226	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	77,312	806	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	20,058	39	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	48,831	285	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,834,720	528,282	35,228,458	35,228,458	0	30.00
33.01	03301	ADULT SPECIAL CARE	2,836,040	307,243	5,827,043	5,827,043	0	33.01
34.01	03401	CARDIOTHORACIC ICU	2,439,161	138,571	3,691,924	3,691,924	0	34.01
40.00	04000	SUBPROVIDER - IPF	1,264,433	2,389	2,503,647	2,503,647	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,116,193	11,080	1,280,643	1,280,643	0	41.00
43.00	04300	NURSERY	625,824	16,953	1,673,116	1,673,116	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,063,598	1,088,737	103,331,415	103,331,415	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,525,602	94,038	4,984,061	4,984,061	0	52.00
53.00	05300	ANESTHESIOLOGY	845,906	668,337	23,072,428	23,072,428	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,374,421	698,329	27,832,671	27,832,671	0	54.00
54.01	05401	ULTRASOUND	794,353	41,548	9,991,405	9,991,405	0	54.01
54.03	05403	CARDIOVASCULAR LAB	4,184,990	826,481	34,376,195	34,376,195	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,049,722	236,306	18,482,859	18,482,859	0	55.00
55.01	05501	CHEMOTHERAPY	1,263,158	72,141	4,591,174	4,591,174	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,498,104	2,471	17,869,264	17,869,264	0	56.01
57.00	05700	CT SCAN	1,876,561	113,524	45,043,694	45,043,694	0	57.00
58.00	05800	MRI	1,028,047	5,251	18,465,327	18,465,327	0	58.00
60.00	06000	LABORATORY	10,749,475	10,974	79,984,487	79,984,487	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	934,660	7,221	5,119,045	5,119,045	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,810,920	38,123	28,704,239	28,704,239	0	65.00
66.00	06600	PHYSICAL THERAPY	1,032,259	951	6,603,508	6,603,508	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,493,880	3,361	12,587,515	12,587,515	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	293,583	70	2,222,610	2,222,610	0	67.00
68.00	06800	SPEECH PATHOLOGY	218,236	0	1,686,477	1,686,477	0	68.00
69.01	06901	CV DIAGNOSTIC	1,695,282	9,073	26,929,244	26,929,244	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	867,768	58,809	17,351,994	17,351,994	0	70.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,157,807	0	94,581,888	94,581,888	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,058,787	3,470,447	84,346,731	84,346,731	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,507,455	9,949	130,313,427	130,313,427	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	416,712	729	791,300	791,300	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,546,449	5,781	4,376,966	4,376,966	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,815,979	18,791	3,949,280	3,949,280	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	616,931	4,697	4,153,524	4,153,524	0	90.01
90.02	09002	DIABETES CENTER	292,967	542	114,488	114,488	0	90.02
91.00	09100	EMERGENCY	5,940,990	445,340	42,596,700	42,596,700	0	91.00
91.01	09101	G.I. LABORATORY	1,128,529	230,497	8,599,397	8,599,397	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,455,342	10,270	1,384,727	1,384,727	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,687,578	7,072	2,057,349	2,057,349	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	207,226,473	9,373,300	916,700,220	916,700,220	-26,522,802	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,754	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	68,066	23	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	8,080	345	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	5,072,117	2,172	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	3,770,374	8,501	0	0	0	193.11
193.13	19313	HEALTHPOINT	2,700,131	5,897	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	55,934	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	88,494	3,830	0	0	0	194.01
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)	11,667,942	2,016,202	3,164,094	4,868,804		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.053271	0.214625	0.003452	0.005311		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,796,072	312,371	262,080	366,346		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021897	0.033252	0.000286	0.000400		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	235,097,548					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,099,528	10,015				6.00
7.00	00700	OPERATION OF PLANT	5,793,318	356	559,807			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	920,785	0	3,781	1,431,514		8.00
9.00	00900	HOUSEKEEPING	2,933,611	159	3,328	0	552,698	9.00
10.00	01000	DIETARY	2,928,044	439	12,968	0	12,968	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,855,904	181	13,880	0	13,880	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,045,339	347	3,948	0	3,948	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	705,501	289	14,088	0	14,088	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	81,603	0	1,011	0	1,011	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	21,135	0	957	0	957	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	51,493	0	2,193	0	2,193	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,100,341	2,589	78,482	384,254	78,482	30.00
33.01	03301	ADULT SPECIAL CARE	3,104,123	351	10,658	48,934	10,658	33.01
34.01	03401	CARDIOTHORACIC ICU	2,631,192	233	18,080	39,988	18,080	34.01
40.00	04000	SUBPROVIDER - IPF	1,354,244	200	5,244	13,087	5,244	40.00
41.00	04100	SUBPROVIDER - IRF	1,189,254	245	8,021	34,784	8,021	41.00
43.00	04300	NURSERY	677,463	2	1,414	0	1,414	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,792,130	737	41,790	417,233	41,790	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,670,730	0	6,140	42,007	6,140	52.00
53.00	05300	ANESTHESIOLOGY	1,236,594	25	8,219	0	8,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,001,227	455	14,234	130,044	14,234	54.00
54.01	05401	ULTRASOUND	933,140	26	1,500	0	1,500	54.01
54.03	05403	CARDIOVASCULAR LAB	4,886,551	88	15,496	28,442	15,496	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,478,137	265	47,758	12,108	47,758	55.00
55.01	05501	CHEMOTHERAPY	1,386,164	89	21,386	12,108	21,386	55.01
56.01	05601	NUCLEAR MEDICINE	1,735,028	28	2,002	0	2,002	56.01
57.00	05700	CT SCAN	2,395,610	74	4,274	0	4,274	57.00
58.00	05800	MRI	1,245,750	111	4,882	12,766	4,882	58.00
60.00	06000	LABORATORY	12,025,369	308	14,480	0	14,480	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,030,858	7	330	0	330	63.00
65.00	06500	RESPIRATORY THERAPY	3,220,378	101	2,801	0	2,801	65.00
66.00	06600	PHYSICAL THERAPY	1,145,318	33	1,748	5,300	1,748	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,737,756	3	15,394	0	15,394	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	328,713	1	360	0	360	67.00
68.00	06800	SPEECH PATHOLOGY	244,641	0	180	0	180	68.00
69.01	06901	CV DIAGNOSTIC	2,023,519	112	1,401	4,307	1,401	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,078,672	86	4,523	0	4,523	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,634,287	2	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,558,044	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,850,378	94	4,280	0	4,280	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	446,002	18	1,470	0	1,470	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,774,968	153	17,000	0	17,000	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,004,630	109	11,333	0	11,333	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	687,201	70	0	8,966	0	90.01
90.02	09002	DIABETES CENTER	309,693	32	5,000	0	5,000	90.02
91.00	09100	EMERGENCY	6,726,328	686	12,203	191,859	12,203	91.00
91.01	09101	G.I. LABORATORY	1,313,473	123	8,278	44,041	8,278	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,547,208	48	3,286	0	3,286	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,797,024	36	3,286	0	3,286	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	191,738,399	9,311	453,087	1,430,228	445,978	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,872	0	2,256	0	2,256	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	71,697	48	3,900	0	3,900	193.03
193.04	19304	COMMUNITY WELLNESS	8,584	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	30,922,985	506	34,977	1,286	34,977	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	5,342,780	24	1,950	0	1,950	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	3,973,051	61	5,615	0	5,615	193.11
193.13	19313	HEALTHPOINT	2,845,236	64	52,510	0	52,510	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	58,914	1	507	0	507	194.00
194.01	07951	FOUNDATION OFFICE	94,030	0	5,005	0	5,005	194.01
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)	26,522,802	4,562,020	6,609,062	1,069,302	3,376,286	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.112816	455.518722	11.805965	0.746973	6.108736	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,287,663	568,330	2,396,192	109,245	227,763	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005477	56.747878	4.280389	0.076314	0.412093	205.00

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		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	275,364					10.00
11.00	01100	CAFETERIA	125,223	107,334				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,875	0	396		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,757	0	0	38,339,984	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	88	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	2	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	119,937	37,258	0	257	851,369	30.00
33.01	03301	ADULT SPECIAL CARE	6,048	2,504	0	32	402,044	33.01
34.01	03401	CARDIOTHORACIC ICU	5,288	2,009	0	26	197,950	34.01
40.00	04000	SUBPROVIDER - IPF	9,201	1,927	0	18	5,028	40.00
41.00	04100	SUBPROVIDER - IRF	7,361	1,600	0	14	20,053	41.00
43.00	04300	NURSERY	306	895	0	7	17,771	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	846	11,030	0	0	6,856,496	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	113,266	52.00
53.00	05300	ANESTHESIOLOGY	0	1,144	0	0	806,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,907	0	0	869,117	54.00
54.01	05401	ULTRASOUND	0	973	0	0	51,606	54.01
54.03	05403	CARDIOVASCULAR LAB	28	4,268	0	0	3,363,800	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20	0	0	237,692	55.00
55.01	05501	CHEMOTHERAPY	0	1	0	0	97,790	55.01
56.01	05601	NUCLEAR MEDICINE	109	145	0	0	4,542	56.01
57.00	05700	CT SCAN	0	914	0	0	146,904	57.00
58.00	05800	MRI	0	100	0	0	16,123	58.00
60.00	06000	LABORATORY	0	6,917	0	0	3,199,801	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	139,623	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,724	0	0	406,864	65.00
66.00	06600	PHYSICAL THERAPY	0	1,353	0	0	1,866	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	33	0	0	12,437	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	225	0	0	358	67.00
68.00	06800	SPEECH PATHOLOGY	0	235	0	0	244	68.00
69.01	06901	CV DIAGNOSTIC	0	1,113	0	0	22,470	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	36	1,460	0	0	86,091	70.01

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		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	
			10.00	11.00	12.00	13.00	14.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	19,309,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,970	0	0	91,417	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	478	0	6	1,965	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	9	0	0	21,518	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2	0	0	41,658	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	1	0	0	34,902	90.01
90.02	09002	DIABETES CENTER	0	0	0	3	229	90.02
91.00	09100	EMERGENCY	981	5,434	0	0	567,193	91.00
91.01	09101	G.I. LABORATORY	0	1,075	0	0	247,908	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	215	0	15	15,215	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	69	0	17	9,926	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	275,364	105,730	0	395	38,268,634	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	1,479	0	1	71,350	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	75	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	19	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	1	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	30	0	0	0	194.01
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)	3,690,665	1,678,347	0	5,842,335	2,547,988	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.402859	15.636676	0.000000	14,753.371212	0.066458	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	481,119	218,792	0	667,591	464,084	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.747211	2.038422	0.000000	1,685.835859	0.012104	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		18,745	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0			20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	15,056	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	228	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	208	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	1,292	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	467	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	416	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	1,002	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	76	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	18,745	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	0	0	0	0	1,170,496	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	62.443105	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	344,533	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	18.379995	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			20.01	20.02	20.03	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	144					20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY		6,984				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO			2,168			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM						23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	6,984	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,168	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	144	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			20.01	20.02	20.03	21.00	22.00	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	144	6,984	2,168	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	108,921	40,694	96,588	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	756.395833	5.826747	44.551661	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,675	21,007	47,350	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	171.354167	3.007875	21.840406	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
			23.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2			1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3			1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4			1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5			1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6			1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8			1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9			1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1			1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1			1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY			20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
33.01	03301	ADULT SPECIAL CARE	0		33.01
34.01	03401	CARDIOTHORACIC ICU	0		34.01
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.01	05401	ULTRASOUND	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
55.01	05501	CHEMOTHERAPY	0		55.01
56.01	05601	NUCLEAR MEDICINE	0		56.01
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
60.00	06000	LABORATORY	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0		66.01
66.02	06602	PHYSIATRY	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.01	06901	CV DIAGNOSTIC	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0		70.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
			23.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
76.00	03950	CARDIAC REHAB	0		76.00
76.97	07697	CARDIAC REHABILITATION	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0		90.01
90.02	09002	DIABETES CENTER	0		90.02
91.00	09100	EMERGENCY	0		91.00
91.01	09101	G.I. LABORATORY	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.01	19101	RESPITE CARE	0		191.01
193.01	19301	VENDING MACHINES	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0		193.02
193.03	19303	LACEYS RESTAURANT	0		193.03
193.04	19304	COMMUNITY WELLNESS	0		193.04
193.05	19305	HOME INFUSION	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0		193.06
193.07	19307	GENERATIONS	0		193.07
193.08	19308	RETAIL PHARMACY	0		193.08
193.09	19309	OUTREACH LAB	0		193.09
193.10	19310	FOOT CLINIC	0		193.10
193.11	19311	MARKETING	0		193.11
193.13	19313	HEALTHPOINT	0		193.13
193.14	19314	DOCTORS PARK	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0		194.00
194.01	07951	FOUNDATION OFFICE	0		194.01
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)	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,880,309		28,880,309	0	28,880,309	30.00
33.01	03301	ADULT SPECIAL CARE	4,474,970		4,474,970	0	4,474,970	33.01
34.01	03401	CARDIOTHORACIC ICU	3,899,956		3,899,956	0	3,899,956	34.01
40.00	04000	SUBPROVIDER - IPF	2,201,871		2,201,871	0	2,201,871	40.00
41.00	04100	SUBPROVIDER - IRF	1,965,418		1,965,418	0	1,965,418	41.00
43.00	04300	NURSERY	902,686		902,686	0	902,686	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,311,498		16,311,498	0	16,311,498	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,008,117		2,008,117	0	2,008,117	52.00
53.00	05300	ANESTHESIOLOGY	1,606,189		1,606,189	0	1,606,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,355,920		6,355,920	0	6,355,920	54.00
54.01	05401	ULTRASOUND	1,095,772		1,095,772	0	1,095,772	54.01
54.03	05403	CARDIOVASCULAR LAB	6,093,408		6,093,408	0	6,093,408	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,984,779		5,984,779	0	5,984,779	55.00
55.01	05501	CHEMOTHERAPY	1,981,768		1,981,768	0	1,981,768	55.01
56.01	05601	NUCLEAR MEDICINE	1,983,418		1,983,418	0	1,983,418	56.01
57.00	05700	CT SCAN	2,800,204		2,800,204	0	2,800,204	57.00
58.00	05800	MRI	1,536,486		1,536,486	0	1,536,486	58.00
60.00	06000	LABORATORY	14,211,459		14,211,459	0	14,211,459	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,165,535		1,165,535	0	1,165,535	63.00
65.00	06500	RESPIRATORY THERAPY	3,765,145	0	3,765,145	0	3,765,145	65.00
66.00	06600	PHYSICAL THERAPY	1,346,114	0	1,346,114	0	1,346,114	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,325,108	0	3,325,108	0	3,325,108	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	376,244	0	376,244	0	376,244	67.00
68.00	06800	SPEECH PATHOLOGY	279,156	0	279,156	0	279,156	68.00
69.01	06901	CV DIAGNOSTIC	2,350,034		2,350,034	0	2,350,034	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,349,600		1,349,600	0	1,349,600	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,173,364		15,173,364	0	15,173,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,273,384		25,273,384	0	25,273,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,841,545		27,841,545	0	27,841,545	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	626,977		626,977	0	626,977	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	4,576,660		4,576,660	0	4,576,660	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,599,079		3,599,079	0	3,599,079	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	805,647		805,647	0	805,647	90.01
90.02	09002	DIABETES CENTER	493,057		493,057	0	493,057	90.02
91.00	09100	EMERGENCY	8,357,958		8,357,958	0	8,357,958	91.00
91.01	09101	G.I. LABORATORY	1,732,162		1,732,162	0	1,732,162	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,573,825		4,573,825		4,573,825	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,028,164		2,028,164		2,028,164	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,332,315		2,332,315		2,332,315	116.00
200.00		Subtotal (see instructions)	215,665,301	0	215,665,301	0	215,665,301	200.00
201.00		Less Observation Beds	4,573,825		4,573,825		4,573,825	201.00
202.00		Total (see instructions)	211,091,476	0	211,091,476	0	211,091,476	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,713,712		21,713,712			30.00
33.01	03301	ADULT SPECIAL CARE	5,827,043		5,827,043			33.01
34.01	03401	CARDIOTHORACIC ICU	3,691,924		3,691,924			34.01
40.00	04000	SUBPROVIDER - IPF	2,503,647		2,503,647			40.00
41.00	04100	SUBPROVIDER - IRF	1,280,643		1,280,643			41.00
43.00	04300	NURSERY	1,673,116		1,673,116			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,241,476	52,089,939	103,331,415	0.157856	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,927,006	57,055	4,984,061	0.402908	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,191,938	10,880,490	23,072,428	0.069615	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,933,037	18,899,634	27,832,671	0.228362	0.000000	54.00
54.01	05401	ULTRASOUND	2,642,177	7,349,228	9,991,405	0.109671	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	13,083,632	21,292,563	34,376,195	0.177257	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	511,487	17,971,372	18,482,859	0.323802	0.000000	55.00
55.01	05501	CHEMOTHERAPY	22,015	4,569,159	4,591,174	0.431647	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	1,613,947	16,255,317	17,869,264	0.110996	0.000000	56.01
57.00	05700	CT SCAN	10,325,343	34,718,352	45,043,695	0.062166	0.000000	57.00
58.00	05800	MRI	3,322,511	15,142,816	18,465,327	0.083209	0.000000	58.00
60.00	06000	LABORATORY	35,066,382	44,918,105	79,984,487	0.177678	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,767,729	351,316	5,119,045	0.227686	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	24,015,267	4,688,973	28,704,240	0.131170	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,292,238	311,270	6,603,508	0.203848	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	12,587,515	12,587,515	0.264159	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,140,554	82,057	2,222,611	0.169280	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,575,356	111,121	1,686,477	0.165526	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,499,827	19,429,417	26,929,244	0.087267	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	9,556,962	7,795,032	17,351,994	0.077778	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,449,646	41,132,242	94,581,888	0.160426	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,926,778	28,419,953	84,346,731	0.299637	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,513,668	75,799,760	130,313,428	0.213651	0.000000	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	3,563	787,737	791,300	0.792338	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,376,966	4,376,966			88.01
88.02	08802	RURAL HEALTH CLINIC III	0	3,949,280	3,949,280			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	54,358	4,099,166	4,153,524	0.193967	0.000000	90.01
90.02	09002	DIABETES CENTER	0	114,488	114,488	4.306626	0.000000	90.02
91.00	09100	EMERGENCY	8,502,333	34,094,367	42,596,700	0.196211	0.000000	91.00
91.01	09101	G.I. LABORATORY	1,321,719	7,277,678	8,599,397	0.201428	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,997,404	9,517,342	13,514,746	0.338432	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,384,727	1,384,727			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,057,349	2,057,349			116.00
200.00		Subtotal (see instructions)	414,188,438	502,511,786	916,700,224			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	414,188,438	502,511,786	916,700,224			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/26/2017 3:58 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
33.01	03301	ADULT SPECIAL CARE			33.01
34.01	03401	CARDIOTHORACIC ICU			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.157856		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908		52.00
53.00	05300	ANESTHESIOLOGY	0.069615		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362		54.00
54.01	05401	ULTRASOUND	0.109671		54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802		55.00
55.01	05501	CHEMOTHERAPY	0.431647		55.01
56.01	05601	NUCLEAR MEDICINE	0.110996		56.01
57.00	05700	CT SCAN	0.062166		57.00
58.00	05800	MRI	0.083209		58.00
60.00	06000	LABORATORY	0.177678		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686		63.00
65.00	06500	RESPIRATORY THERAPY	0.131170		65.00
66.00	06600	PHYSICAL THERAPY	0.203848		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280		67.00
68.00	06800	SPEECH PATHOLOGY	0.165526		68.00
69.01	06901	CV DIAGNOSTIC	0.087267		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651		73.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.792338		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
88.01	08801	RURAL HEALTH CLINIC II			88.01
88.02	08802	RURAL HEALTH CLINIC III			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967		90.01
90.02	09002	DIABETES CENTER	4.306626		90.02
91.00	09100	EMERGENCY	0.196211		91.00
91.01	09101	G.I. LABORATORY	0.201428		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 3:58 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,880,309		28,880,309	0	28,880,309	30.00
33.01	03301	ADULT SPECIAL CARE	4,474,970		4,474,970	0	4,474,970	33.01
34.01	03401	CARDIOTHORACIC ICU	3,899,956		3,899,956	0	3,899,956	34.01
40.00	04000	SUBPROVIDER - IPF	2,201,871		2,201,871	0	2,201,871	40.00
41.00	04100	SUBPROVIDER - IRF	1,965,418		1,965,418	0	1,965,418	41.00
43.00	04300	NURSERY	902,686		902,686	0	902,686	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,311,498		16,311,498	0	16,311,498	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,008,117		2,008,117	0	2,008,117	52.00
53.00	05300	ANESTHESIOLOGY	1,606,189		1,606,189	0	1,606,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,355,920		6,355,920	0	6,355,920	54.00
54.01	05401	ULTRASOUND	1,095,772		1,095,772	0	1,095,772	54.01
54.03	05403	CARDIOVASCULAR LAB	6,093,408		6,093,408	0	6,093,408	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,984,779		5,984,779	0	5,984,779	55.00
55.01	05501	CHEMOTHERAPY	1,981,768		1,981,768	0	1,981,768	55.01
56.01	05601	NUCLEAR MEDICINE	1,983,418		1,983,418	0	1,983,418	56.01
57.00	05700	CT SCAN	2,800,204		2,800,204	0	2,800,204	57.00
58.00	05800	MRI	1,536,486		1,536,486	0	1,536,486	58.00
60.00	06000	LABORATORY	14,211,459		14,211,459	0	14,211,459	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,165,535		1,165,535	0	1,165,535	63.00
65.00	06500	RESPIRATORY THERAPY	3,765,145	0	3,765,145	0	3,765,145	65.00
66.00	06600	PHYSICAL THERAPY	1,346,114	0	1,346,114	0	1,346,114	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,325,108	0	3,325,108	0	3,325,108	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	376,244	0	376,244	0	376,244	67.00
68.00	06800	SPEECH PATHOLOGY	279,156	0	279,156	0	279,156	68.00
69.01	06901	CV DIAGNOSTIC	2,350,034		2,350,034	0	2,350,034	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,349,600		1,349,600	0	1,349,600	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,173,364		15,173,364	0	15,173,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,273,384		25,273,384	0	25,273,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,841,545		27,841,545	0	27,841,545	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	626,977		626,977	0	626,977	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	4,576,660		4,576,660	0	4,576,660	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,599,079		3,599,079	0	3,599,079	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	805,647		805,647	0	805,647	90.01
90.02	09002	DIABETES CENTER	493,057		493,057	0	493,057	90.02
91.00	09100	EMERGENCY	8,357,958		8,357,958	0	8,357,958	91.00
91.01	09101	G.I. LABORATORY	1,732,162		1,732,162	0	1,732,162	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,573,825		4,573,825		4,573,825	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,028,164		2,028,164		2,028,164	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,332,315		2,332,315		2,332,315	116.00
200.00		Subtotal (see instructions)	215,665,301	0	215,665,301	0	215,665,301	200.00
201.00		Less Observation Beds	4,573,825		4,573,825		4,573,825	201.00
202.00		Total (see instructions)	211,091,476	0	211,091,476	0	211,091,476	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 3:58 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,713,712		21,713,712			30.00
33.01	03301	ADULT SPECIAL CARE	5,827,043		5,827,043			33.01
34.01	03401	CARDIOTHORACIC ICU	3,691,924		3,691,924			34.01
40.00	04000	SUBPROVIDER - IPF	2,503,647		2,503,647			40.00
41.00	04100	SUBPROVIDER - IRF	1,280,643		1,280,643			41.00
43.00	04300	NURSERY	1,673,116		1,673,116			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,241,476	52,089,939	103,331,415	0.157856	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,927,006	57,055	4,984,061	0.402908	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,191,938	10,880,490	23,072,428	0.069615	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,933,037	18,899,634	27,832,671	0.228362	0.000000	54.00
54.01	05401	ULTRASOUND	2,642,177	7,349,228	9,991,405	0.109671	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	13,083,632	21,292,563	34,376,195	0.177257	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	511,487	17,971,372	18,482,859	0.323802	0.000000	55.00
55.01	05501	CHEMOTHERAPY	22,015	4,569,159	4,591,174	0.431647	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	1,613,947	16,255,317	17,869,264	0.110996	0.000000	56.01
57.00	05700	CT SCAN	10,325,343	34,718,352	45,043,695	0.062166	0.000000	57.00
58.00	05800	MRI	3,322,511	15,142,816	18,465,327	0.083209	0.000000	58.00
60.00	06000	LABORATORY	35,066,382	44,918,105	79,984,487	0.177678	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,767,729	351,316	5,119,045	0.227686	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	24,015,267	4,688,973	28,704,240	0.131170	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,292,238	311,270	6,603,508	0.203848	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	12,587,515	12,587,515	0.264159	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,140,554	82,057	2,222,611	0.169280	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,575,356	111,121	1,686,477	0.165526	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,499,827	19,429,417	26,929,244	0.087267	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	9,556,962	7,795,032	17,351,994	0.077778	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,449,646	41,132,242	94,581,888	0.160426	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,926,778	28,419,953	84,346,731	0.299637	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,513,668	75,799,760	130,313,428	0.213651	0.000000	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	3,563	787,737	791,300	0.792338	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,376,966	4,376,966	1.045624	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	3,949,280	3,949,280	0.911325	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	54,358	4,099,166	4,153,524	0.193967	0.000000	90.01
90.02	09002	DIABETES CENTER	0	114,488	114,488	4.306626	0.000000	90.02
91.00	09100	EMERGENCY	8,502,333	34,094,367	42,596,700	0.196211	0.000000	91.00
91.01	09101	G.I. LABORATORY	1,321,719	7,277,678	8,599,397	0.201428	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,997,404	9,517,342	13,514,746	0.338432	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,384,727	1,384,727			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,057,349	2,057,349			116.00
200.00		Subtotal (see instructions)	414,188,438	502,511,786	916,700,224			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	414,188,438	502,511,786	916,700,224			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Hospital	Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
33.01	03301	ADULT SPECIAL CARE			33.01
34.01	03401	CARDIOTHORACIC ICU			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
54.03	05403	CARDIOVASCULAR LAB	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CHEMOTHERAPY	0.000000		55.01
56.01	05601	NUCLEAR MEDICINE	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.01	06901	CV DIAGNOSTIC	0.000000		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.000000		90.01
90.02	09002	DIABETES CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	G.I. LABORATORY	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,121,930	0	4,121,930	33,598	122.68	30.00
33.01	ADULT SPECIAL CARE	584,953		584,953	3,050	191.79	33.01
34.01	CARDIOTHORACIC ICU	843,381		843,381	2,317	364.00	34.01
40.00	SUBPROVIDER - IPF	302,707	0	302,707	2,693	112.41	40.00
41.00	SUBPROVIDER - IRF	320,180	0	320,180	2,109	151.82	41.00
43.00	NURSERY	114,673		114,673	2,351	48.78	43.00
200.00	Total (lines 30-199)	6,287,824		6,287,824	46,118		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	16,182	1,985,208	30.00
33.01	ADULT SPECIAL CARE	1,648	316,070	33.01
34.01	CARDIOTHORACIC ICU	1,424	518,336	34.01
40.00	SUBPROVIDER - IPF	736	82,734	40.00
41.00	SUBPROVIDER - IRF	1,429	216,951	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	21,419	3,119,299	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII Hospital 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	2,858,624	103,331,415	0.027665	26,821,127	742,006	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224,719	4,984,061	0.045088	55,739	2,513	52.00
53.00	05300	ANESTHESIOLOGY	478,171	23,072,428	0.020725	6,210,907	128,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,072,897	27,832,671	0.038548	5,802,273	223,666	54.00
54.01	05401	ULTRASOUND	167,206	9,991,405	0.016735	1,606,684	26,888	54.01
54.03	05403	CARDIOVASCULAR LAB	1,108,363	34,376,195	0.032242	7,329,180	236,307	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,388,152	18,482,859	0.129209	316,184	40,854	55.00
55.01	05501	CHEMOTHERAPY	525,982	4,591,174	0.114564	17,953	2,057	55.01
56.01	05601	NUCLEAR MEDICINE	171,123	17,869,264	0.009576	1,144,557	10,960	56.01
57.00	05700	CT SCAN	820,478	45,043,695	0.018215	6,857,061	124,901	57.00
58.00	05800	MRI	488,660	18,465,327	0.026464	2,036,009	53,881	58.00
60.00	06000	LABORATORY	1,108,416	79,984,487	0.013858	21,215,142	293,999	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,074	5,119,045	0.008024	3,198,554	25,665	63.00
65.00	06500	RESPIRATORY THERAPY	375,874	28,704,240	0.013095	14,460,627	189,362	65.00
66.00	06600	PHYSICAL THERAPY	94,424	6,603,508	0.014299	3,165,306	45,261	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	421,319	12,587,515	0.033471	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	24,057	2,222,611	0.010824	607,886	6,580	67.00
68.00	06800	SPEECH PATHOLOGY	14,272	1,686,477	0.008463	692,614	5,862	68.00
69.01	06901	CV DIAGNOSTIC	160,281	26,929,244	0.005952	4,916,526	29,263	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	240,350	17,351,994	0.013851	4,873,758	67,506	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,890	94,581,888	0.004291	30,121,946	129,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	942,399	84,346,731	0.011173	31,922,600	356,671	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,317,315	130,313,428	0.010109	28,576,271	288,878	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	87,583	791,300	0.110682	2,881	319	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	496,422	4,376,966	0.113417	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	345,493	3,949,280	0.087483	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	58,227	4,153,524	0.014019	0	0	90.01
90.02	09002	DIABETES CENTER	121,076	114,488	1.057543	0	0	90.02
91.00	09100	EMERGENCY	1,307,274	42,596,700	0.030690	5,791,225	177,733	91.00
91.01	09101	G.I. LABORATORY	464,043	8,599,397	0.053962	881,216	47,552	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	652,799	13,514,746	0.048303	2,265,962	109,453	92.00
200.00		Total (lines 50-199)	18,982,963	876,568,063		210,890,188	3,366,111	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	940,144	0	0	0	940,144	30.00
33.01	03301	ADULT SPECIAL CARE	14,237	0	0		14,237	33.01
34.01	03401	CARDIOTHORACIC ICU	12,988	0	0		12,988	34.01
40.00	04000	SUBPROVIDER - IPF	80,676	0	0	0	80,676	40.00
41.00	04100	SUBPROVIDER - IRF	29,161	0	0	0	29,161	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	1,077,206	0	0		1,077,206	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,598	27.98	16,182	452,772		30.00
33.01	03301	ADULT SPECIAL CARE	3,050	4.67	1,648	7,696		33.01
34.01	03401	CARDIOTHORACIC ICU	2,317	5.61	1,424	7,989		34.01
40.00	04000	SUBPROVIDER - IPF	2,693	29.96	736	22,051		40.00
41.00	04100	SUBPROVIDER - IRF	2,109	13.83	1,429	19,763		41.00
43.00	04300	NURSERY	2,351	0.00	0	0		43.00
200.00		Total (lines 30-199)	46,118		21,419	510,271		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV Date/Time Prepared: 5/26/2017 3:58 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	40,694	0	0	40,694	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,588	0	0	96,588	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	25,976	0	0	25,976	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	108,921	0	0	108,921	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	62,568	0	0	62,568	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	148,892	0	0	148,892	92.00
200.00		Total (lines 50-199)	0	483,639	0	0	483,639	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,694	103,331,415	0.000394	0.000394	26,821,127	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,984,061	0.000000	0.000000	55,739	52.00
53.00	05300	ANESTHESIOLOGY	0	23,072,428	0.000000	0.000000	6,210,907	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,588	27,832,671	0.003470	0.003470	5,802,273	54.00
54.01	05401	ULTRASOUND	0	9,991,405	0.000000	0.000000	1,606,684	54.01
54.03	05403	CARDIOVASCULAR LAB	25,976	34,376,195	0.000756	0.000756	7,329,180	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,482,859	0.000000	0.000000	316,184	55.00
55.01	05501	CHEMOTHERAPY	0	4,591,174	0.000000	0.000000	17,953	55.01
56.01	05601	NUCLEAR MEDICINE	0	17,869,264	0.000000	0.000000	1,144,557	56.01
57.00	05700	CT SCAN	0	45,043,695	0.000000	0.000000	6,857,061	57.00
58.00	05800	MRI	0	18,465,327	0.000000	0.000000	2,036,009	58.00
60.00	06000	LABORATORY	108,921	79,984,487	0.001362	0.001362	21,215,142	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,119,045	0.000000	0.000000	3,198,554	63.00
65.00	06500	RESPIRATORY THERAPY	0	28,704,240	0.000000	0.000000	14,460,627	65.00
66.00	06600	PHYSICAL THERAPY	0	6,603,508	0.000000	0.000000	3,165,306	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	12,587,515	0.000000	0.000000	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,222,611	0.000000	0.000000	607,886	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,686,477	0.000000	0.000000	692,614	68.00
69.01	06901	CV DIAGNOSTIC	0	26,929,244	0.000000	0.000000	4,916,526	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	17,351,994	0.000000	0.000000	4,873,758	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	94,581,888	0.000000	0.000000	30,121,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	84,346,731	0.000000	0.000000	31,922,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	130,313,428	0.000000	0.000000	28,576,271	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	791,300	0.000000	0.000000	2,881	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,376,966	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	3,949,280	0.000000	0.000000	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	4,153,524	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CENTER	0	114,488	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	62,568	42,596,700	0.001469	0.001469	5,791,225	91.00
91.01	09101	G.I. LABORATORY	0	8,599,397	0.000000	0.000000	881,216	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	148,892	13,514,746	0.011017	0.011017	2,265,962	92.00
200.00		Total (lines 50-199)	483,639	876,568,063			210,890,188	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,568	15,106,928	5,952		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	2,881,314	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,134	6,266,765	21,746		54.00
54.01	05401	ULTRASOUND	0	1,844,080	0		54.01
54.03	05403	CARDIOVASCULAR LAB	5,541	10,467,835	7,914		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,225,897	0		55.00
55.01	05501	CHEMOTHERAPY	0	2,427,811	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	8,550,802	0		56.01
57.00	05700	CT SCAN	0	14,411,716	0		57.00
58.00	05800	MRI	0	5,929,791	0		58.00
60.00	06000	LABORATORY	28,895	11,135,812	15,167		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	66,329	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,864,114	0		65.00
66.00	06600	PHYSICAL THERAPY	0	119,294	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	3,822,186	0		66.01
66.02	06602	PHYSIATRY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	26,419	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	45,999	0		68.00
69.01	06901	CV DIAGNOSTIC	0	9,465,372	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	2,510,741	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,137,112	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,753,858	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,517,537	0		73.00
76.00	03950	CARDIAC REHAB	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	448,521	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	2,638,792	0		90.01
90.02	09002	DIABETES CENTER	0	1,165	0		90.02
91.00	09100	EMERGENCY	8,507	6,831,211	10,035		91.00
91.01	09101	G.I. LABORATORY	0	2,407,630	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	24,964	2,397,564	26,414		92.00
200.00		Total (lines 50-199)	98,609	172,302,595	87,228		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.157856	15,106,928	0	0	2,384,719	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	2,881,314	0	0	200,583	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	6,266,765	0	0	1,431,091	54.00
54.01	05401	ULTRASOUND	0.109671	1,844,080	0	0	202,242	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	10,467,835	0	0	1,855,497	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	8,225,897	0	0	2,663,562	55.00
55.01	05501	CHEMOTHERAPY	0.431647	2,427,811	0	0	1,047,957	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	8,550,802	0	0	949,105	56.01
57.00	05700	CT SCAN	0.062166	14,411,716	0	0	895,919	57.00
58.00	05800	MRI	0.083209	5,929,791	0	0	493,412	58.00
60.00	06000	LABORATORY	0.177678	11,135,812	30,748	0	1,978,589	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	66,329	0	0	15,102	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	1,864,114	0	0	244,516	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	119,294	0	0	24,318	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	3,822,186	0	0	1,009,665	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	26,419	0	0	4,472	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	45,999	0	0	7,614	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	9,465,372	0	0	826,015	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	2,510,741	0	0	195,280	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	15,137,112	0	0	2,428,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	14,753,858	0	0	4,420,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	22,517,537	0	189,512	4,810,894	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	448,521	0	0	355,380	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000				0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	2,638,792	0	0	511,839	90.01
90.02	09002	DIABETES CENTER	4.306626	1,165	0	0	5,017	90.02
91.00	09100	EMERGENCY	0.196211	6,831,211	0	0	1,340,359	91.00
91.01	09101	G.I. LABORATORY	0.201428	2,407,630	0	0	484,964	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	2,397,564	0	0	811,412	92.00
200.00		Subtotal (see instructions)		172,302,595	30,748	189,512	31,598,711	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		172,302,595	30,748	189,512	31,598,711	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	5,463	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,489		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0		90.01
90.02	09002	DIABETES CENTER	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	5,463	40,489		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	5,463	40,489		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110
Component CCN: 26-S110

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part II
Date/Time Prepared:
5/26/2017 3:58 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,858,624	103,331,415	0.027665	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224,719	4,984,061	0.045088	0	0	52.00
53.00	05300	ANESTHESIOLOGY	478,171	23,072,428	0.020725	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,072,897	27,832,671	0.038548	17,606	679	54.00
54.01	05401	ULTRASOUND	167,206	9,991,405	0.016735	1,040	17	54.01
54.03	05403	CARDIOVASCULAR LAB	1,108,363	34,376,195	0.032242	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,388,152	18,482,859	0.129209	0	0	55.00
55.01	05501	CHEMOTHERAPY	525,982	4,591,174	0.114564	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	171,123	17,869,264	0.009576	0	0	56.01
57.00	05700	CT SCAN	820,478	45,043,695	0.018215	36,326	662	57.00
58.00	05800	MRI	488,660	18,465,327	0.026464	4,486	119	58.00
60.00	06000	LABORATORY	1,108,416	79,984,487	0.013858	326,003	4,518	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,074	5,119,045	0.008024	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	375,874	28,704,240	0.013095	91,016	1,192	65.00
66.00	06600	PHYSICAL THERAPY	94,424	6,603,508	0.014299	7,813	112	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	421,319	12,587,515	0.033471	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	24,057	2,222,611	0.010824	2,057	22	67.00
68.00	06800	SPEECH PATHOLOGY	14,272	1,686,477	0.008463	681	6	68.00
69.01	06901	CV DIAGNOSTIC	160,281	26,929,244	0.005952	30,044	179	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	240,350	17,351,994	0.013851	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,890	94,581,888	0.004291	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	942,399	84,346,731	0.011173	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,317,315	130,313,428	0.010109	132,369	1,338	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	87,583	791,300	0.110682	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	496,422	4,376,966	0.113417	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	345,493	3,949,280	0.087483	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	58,227	4,153,524	0.014019	0	0	90.01
90.02	09002	DIABETES CENTER	121,076	114,488	1.057543	0	0	90.02
91.00	09100	EMERGENCY	1,307,274	42,596,700	0.030690	184,360	5,658	91.00
91.01	09101	G.I. LABORATORY	464,043	8,599,397	0.053962	4,745	256	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,514,746	0.000000	0	0	92.00
200.00		Total (lines 50-199)	18,330,164	876,568,063		838,546	14,758	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	40,694	0	0	40,694	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,588	0	0	96,588	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	25,976	0	0	25,976	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	108,921	0	0	108,921	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	62,568	0	0	62,568	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	334,747	0	0	334,747	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110
Component CCN: 26-S110

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV
Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,694	103,331,415	0.000394	0.000394	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,984,061	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,072,428	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,588	27,832,671	0.003470	0.003470	17,606	54.00
54.01	05401	ULTRASOUND	0	9,991,405	0.000000	0.000000	1,040	54.01
54.03	05403	CARDIOVASCULAR LAB	25,976	34,376,195	0.000756	0.000756	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,482,859	0.000000	0.000000	0	55.00
55.01	05501	CHEMOTHERAPY	0	4,591,174	0.000000	0.000000	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	17,869,264	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	45,043,695	0.000000	0.000000	36,326	57.00
58.00	05800	MRI	0	18,465,327	0.000000	0.000000	4,486	58.00
60.00	06000	LABORATORY	108,921	79,984,487	0.001362	0.001362	326,003	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,119,045	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	28,704,240	0.000000	0.000000	91,016	65.00
66.00	06600	PHYSICAL THERAPY	0	6,603,508	0.000000	0.000000	7,813	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	12,587,515	0.000000	0.000000	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,222,611	0.000000	0.000000	2,057	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,686,477	0.000000	0.000000	681	68.00
69.01	06901	CV DIAGNOSTIC	0	26,929,244	0.000000	0.000000	30,044	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	17,351,994	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	94,581,888	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	84,346,731	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	130,313,428	0.000000	0.000000	132,369	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	791,300	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,376,966	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	3,949,280	0.000000	0.000000	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	4,153,524	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CENTER	0	114,488	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	62,568	42,596,700	0.001469	0.001469	184,360	91.00
91.01	09101	G.I. LABORATORY	0	8,599,397	0.000000	0.000000	4,745	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,514,746	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	334,747	876,568,063			838,546	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	444	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0		66.01
66.02	06602	PHYSIATRY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03950	CARDIAC REHAB	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0		90.01
90.02	09002	DIABETES CENTER	0	0	0		90.02
91.00	09100	EMERGENCY	271	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	776	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110
Component CCN: 26-T110

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part II
Date/Time Prepared:
5/26/2017 3:58 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	2,858,624	103,331,415	0.027665	10,427	288	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224,719	4,984,061	0.045088	0	0	52.00
53.00	05300	ANESTHESIOLOGY	478,171	23,072,428	0.020725	1,157	24	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,072,897	27,832,671	0.038548	25,280	974	54.00
54.01	05401	ULTRASOUND	167,206	9,991,405	0.016735	14,619	245	54.01
54.03	05403	CARDIOVASCULAR LAB	1,108,363	34,376,195	0.032242	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,388,152	18,482,859	0.129209	0	0	55.00
55.01	05501	CHEMOTHERAPY	525,982	4,591,174	0.114564	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	171,123	17,869,264	0.009576	5,568	53	56.01
57.00	05700	CT SCAN	820,478	45,043,695	0.018215	25,331	461	57.00
58.00	05800	MRI	488,660	18,465,327	0.026464	11,303	299	58.00
60.00	06000	LABORATORY	1,108,416	79,984,487	0.013858	218,828	3,033	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,074	5,119,045	0.008024	43,082	346	63.00
65.00	06500	RESPIRATORY THERAPY	375,874	28,704,240	0.013095	272,011	3,562	65.00
66.00	06600	PHYSICAL THERAPY	94,424	6,603,508	0.014299	1,007,440	14,405	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	421,319	12,587,515	0.033471	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	24,057	2,222,611	0.010824	867,768	9,393	67.00
68.00	06800	SPEECH PATHOLOGY	14,272	1,686,477	0.008463	402,988	3,410	68.00
69.01	06901	CV DIAGNOSTIC	160,281	26,929,244	0.005952	12,535	75	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	240,350	17,351,994	0.013851	6,196	86	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,890	94,581,888	0.004291	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	942,399	84,346,731	0.011173	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,317,315	130,313,428	0.010109	317,615	3,211	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	87,583	791,300	0.110682	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	496,422	4,376,966	0.113417	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	345,493	3,949,280	0.087483	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	58,227	4,153,524	0.014019	0	0	90.01
90.02	09002	DIABETES CENTER	121,076	114,488	1.057543	0	0	90.02
91.00	09100	EMERGENCY	1,307,274	42,596,700	0.030690	0	0	91.00
91.01	09101	G.I. LABORATORY	464,043	8,599,397	0.053962	12,731	687	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,514,746	0.000000	0	0	92.00
200.00		Total (lines 50-199)	18,330,164	876,568,063		3,254,879	40,552	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110
Component CCN: 26-T110

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/26/2017 3:58 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	40,694	0	0	40,694	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,588	0	0	96,588	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	25,976	0	0	25,976	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	108,921	0	0	108,921	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	62,568	0	0	62,568	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	334,747	0	0	334,747	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110
Component CCN: 26-T110

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/26/2017 3:58 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,694	103,331,415	0.000394	0.000394	10,427	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,984,061	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,072,428	0.000000	0.000000	1,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,588	27,832,671	0.003470	0.003470	25,280	54.00
54.01	05401	ULTRASOUND	0	9,991,405	0.000000	0.000000	14,619	54.01
54.03	05403	CARDIOVASCULAR LAB	25,976	34,376,195	0.000756	0.000756	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,482,859	0.000000	0.000000	0	55.00
55.01	05501	CHEMOTHERAPY	0	4,591,174	0.000000	0.000000	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	17,869,264	0.000000	0.000000	5,568	56.01
57.00	05700	CT SCAN	0	45,043,695	0.000000	0.000000	25,331	57.00
58.00	05800	MRI	0	18,465,327	0.000000	0.000000	11,303	58.00
60.00	06000	LABORATORY	108,921	79,984,487	0.001362	0.001362	218,828	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,119,045	0.000000	0.000000	43,082	63.00
65.00	06500	RESPIRATORY THERAPY	0	28,704,240	0.000000	0.000000	272,011	65.00
66.00	06600	PHYSICAL THERAPY	0	6,603,508	0.000000	0.000000	1,007,440	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	12,587,515	0.000000	0.000000	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,222,611	0.000000	0.000000	867,768	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,686,477	0.000000	0.000000	402,988	68.00
69.01	06901	CV DIAGNOSTIC	0	26,929,244	0.000000	0.000000	12,535	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	17,351,994	0.000000	0.000000	6,196	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	94,581,888	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	84,346,731	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	130,313,428	0.000000	0.000000	317,615	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	791,300	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,376,966	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	3,949,280	0.000000	0.000000	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	4,153,524	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CENTER	0	114,488	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	62,568	42,596,700	0.001469	0.001469	0	91.00
91.01	09101	G.I. LABORATORY	0	8,599,397	0.000000	0.000000	12,731	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,514,746	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	334,747	876,568,063			3,254,879	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	298	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0		66.01
66.02	06602	PHYSIATRY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03950	CARDIAC REHAB	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0		90.01
90.02	09002	DIABETES CENTER	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	390	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/26/2017 3:58 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.157856	0	11,120,116	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	0	42,695	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	0	2,684,413	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	0	2,069,638	0	0	54.00
54.01	05401	ULTRASOUND	0.109671	0	1,488,152	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	0	1,718,044	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	0	1,124,842	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.431647	0	418,074	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	0	922,253	0	0	56.01
57.00	05700	CT SCAN	0.062166	0	3,974,137	0	0	57.00
58.00	05800	MRI	0.083209	0	1,095,567	0	0	58.00
60.00	06000	LABORATORY	0.177678	0	7,820,275	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	0	82,093	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	0	759,664	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	0	18,421	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	0	2,685,834	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	0	6,021	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	0	11,138	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	0	1,473,498	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	0	987,824	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	0	4,619,269	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	0	1,458,660	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	0	10,362,041	0	0	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	0	42,737	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.045624				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.911325				0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	0	206,286	0	0	90.01
90.02	09002	DIABETES CENTER	4.306626	0	15,914	0	0	90.02
91.00	09100	EMERGENCY	0.196211	0	9,039,116	0	0	91.00
91.01	09101	G.I. LABORATORY	0.201428	0	586,235	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	0	1,824,344	0	0	92.00
200.00		Subtotal (see instructions)		0	68,657,301	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	68,657,301	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/26/2017 3:58 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,755,377	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,202	0		52.00
53.00	05300	ANESTHESIOLOGY	186,875	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	472,627	0		54.00
54.01	05401	ULTRASOUND	163,207	0		54.01
54.03	05403	CARDIOVASCULAR LAB	304,535	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	364,226	0		55.00
55.01	05501	CHEMOTHERAPY	180,460	0		55.01
56.01	05601	NUCLEAR MEDICINE	102,366	0		56.01
57.00	05700	CT SCAN	247,056	0		57.00
58.00	05800	MRI	91,161	0		58.00
60.00	06000	LABORATORY	1,389,491	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,691	0		63.00
65.00	06500	RESPIRATORY THERAPY	99,645	0		65.00
66.00	06600	PHYSICAL THERAPY	3,755	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	709,487	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,019	0		67.00
68.00	06800	SPEECH PATHOLOGY	1,844	0		68.00
69.01	06901	CV DIAGNOSTIC	128,588	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	76,831	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741,051	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	437,069	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,213,860	0		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	33,862	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	40,013	0		90.01
90.02	09002	DIABETES CENTER	68,536	0		90.02
91.00	09100	EMERGENCY	1,773,574	0		91.00
91.01	09101	G.I. LABORATORY	118,084	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	617,416	0		92.00
200.00		Subtotal (see instructions)	12,357,908	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	12,357,908	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	33,598	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,598	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)	28,277	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)	16,182	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)	28,880,309	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)	28,880,309	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)	28,880,309	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)	859.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,909,724	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)	13,909,724	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	4,474,970	3,050	1,467.20	1,648	2,417,946	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	3,899,956	2,317	1,683.19	1,424	2,396,863	46.01
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)	38,973,227	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	57,697,760	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,288,071	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,464,720	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,752,791	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	50,944,969	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	5,321	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	859.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,573,825	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,121,930	28,880,309	0.142725	4,573,825	652,799	90.00
91.00	Nursing School cost	940,144	28,880,309	0.032553	4,573,825	148,892	91.00
92.00	Allied health cost	0	28,880,309	0.000000	4,573,825	0	92.00
93.00	All other Medical Education	0	28,880,309	0.000000	4,573,825	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,693	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,693	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)	2,693	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)	736	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)	2,201,871	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)	2,201,871	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)	2,201,871	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)	817.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	601,776	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)	601,776	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
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)	146,715	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	748,491	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)	104,785	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	15,534	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	120,319	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	628,172	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: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	302,707	2,201,871	0.137477	0	0	90.00
91.00	Nursing School cost	80,676	2,201,871	0.036640	0	0	91.00
92.00	Allied health cost	0	2,201,871	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,201,871	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 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)	2,109	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,109	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)	2,109	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)	1,429	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)	1,965,418	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)	1,965,418	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)	1,965,418	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)	931.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,331,714	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)	1,331,714	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
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)	587,572	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,919,286	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)	236,714	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	40,942	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	277,656	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,641,630	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: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 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	320,180	1,965,418	0.162907	0	0	90.00
91.00	Nursing School cost	29,161	1,965,418	0.014837	0	0	91.00
92.00	Allied health cost	0	1,965,418	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,965,418	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	33,598	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,598	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)	28,277	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,802	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)	2,351	15.00
16.00	Nursery days (title V or XIX only)	1,017	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)	28,880,309	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)	28,880,309	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)	28,880,309	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)	859.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,408,543	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,408,543	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 3:58 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			Title XIX		Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	902,686	2,351	383.96	1,017	390,487	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	4,474,970	3,050	1,467.20	477	699,854	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	3,899,956	2,317	1,683.19	175	294,558	46.01
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)	3,490,689	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,284,131	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	5,321	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	859.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,573,825	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Hospital	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,121,930	28,880,309	0.142725	4,573,825	652,799	90.00
91.00	Nursing School cost	0	28,880,309	0.000000	4,573,825	0	91.00
92.00	Allied health cost	0	28,880,309	0.000000	4,573,825	0	92.00
93.00	All other Medical Education	0	28,880,309	0.000000	4,573,825	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,693	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,693	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)	2,693	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)	866	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)	2,351	15.00
16.00	Nursery days (title V or XIX only)	1,017	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)	2,201,871	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)	2,201,871	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)	2,201,871	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)	817.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	708,068	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)	708,068	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
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)	45,525	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	753,593	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	302,707	2,201,871	0.137477	0	0	90.00
91.00	Nursing School cost	0	2,201,871	0.000000	0	0	91.00
92.00	Allied health cost	0	2,201,871	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,201,871	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,109	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,109	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.	1	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,108	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)	87	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)	2,351	15.00
16.00	Nursery days (title V or XIX only)	1,017	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)	1,965,418	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)	1,965,418	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)	1,965,418	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)	931.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	81,077	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)	81,077	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
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)	29,193	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	110,270	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	320,180	1,965,418	0.162907	0	0	90.00
91.00	Nursing School cost	0	1,965,418	0.000000	0	0	91.00
92.00	Allied health cost	0	1,965,418	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,965,418	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		12,215,760		30.00
33.01	03301	ADULT SPECIAL CARE		3,014,717		33.01
34.01	03401	CARDIOTHORACIC ICU		2,004,012		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.157856	26,821,127	4,233,876	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	55,739	22,458	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	6,210,907	432,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	5,802,273	1,325,019	54.00
54.01	05401	ULTRASOUND	0.109671	1,606,684	176,207	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	7,329,180	1,299,148	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	316,184	102,381	55.00
55.01	05501	CHEMOTHERAPY	0.431647	17,953	7,749	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	1,144,557	127,041	56.01
57.00	05700	CT SCAN	0.062166	6,857,061	426,276	57.00
58.00	05800	MRI	0.083209	2,036,009	169,414	58.00
60.00	06000	LABORATORY	0.177678	21,215,142	3,769,464	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	3,198,554	728,266	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	14,460,627	1,896,800	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	3,165,306	645,241	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	607,886	102,903	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	692,614	114,646	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	4,916,526	429,050	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	4,873,758	379,071	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	30,121,946	4,832,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	31,922,600	9,565,192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	28,576,271	6,105,349	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	2,881	2,283	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	0	0	90.01
90.02	09002	DIABETES CENTER	4.306626	0	0	90.02
91.00	09100	EMERGENCY	0.196211	5,791,225	1,136,302	91.00
91.01	09101	G.I. LABORATORY	0.201428	881,216	177,502	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	2,265,962	766,874	92.00
200.00		Total (sum of lines 50-94 and 96-98)		210,890,188	38,973,227	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)		210,890,188		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-0110
Component CCN: 26-S110

Period: From 01/01/2016 To 12/31/2016

Worksheet D-3
Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		575,674		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.157856	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	17,606	4,021	54.00
54.01	05401	ULTRASOUND	0.109671	1,040	114	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.431647	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	0	0	56.01
57.00	05700	CT SCAN	0.062166	36,326	2,258	57.00
58.00	05800	MRI	0.083209	4,486	373	58.00
60.00	06000	LABORATORY	0.177678	326,003	57,924	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	91,016	11,939	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	7,813	1,593	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	2,057	348	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	681	113	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	30,044	2,622	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	132,369	28,281	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	0	0	90.01
90.02	09002	DIABETES CENTER	4.306626	0	0	90.02
91.00	09100	EMERGENCY	0.196211	184,360	36,173	91.00
91.01	09101	G.I. LABORATORY	0.201428	4,745	956	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		838,546	146,715	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)		838,546		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-0110
Component CCN: 26-T110

Period: From 01/01/2016 To 12/31/2016

Worksheet D-3
Date/Time Prepared: 5/26/2017 3:58 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
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		869,365		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.157856	10,427	1,646	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	1,157	81	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	25,280	5,773	54.00
54.01	05401	ULTRASOUND	0.109671	14,619	1,603	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.431647	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	5,568	618	56.01
57.00	05700	CT SCAN	0.062166	25,331	1,575	57.00
58.00	05800	MRI	0.083209	11,303	941	58.00
60.00	06000	LABORATORY	0.177678	218,828	38,881	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	43,082	9,809	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	272,011	35,680	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	1,007,440	205,365	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	867,768	146,896	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	402,988	66,705	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	12,535	1,094	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	6,196	482	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	317,615	67,859	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	0	0	90.01
90.02	09002	DIABETES CENTER	4.306626	0	0	90.02
91.00	09100	EMERGENCY	0.196211	0	0	91.00
91.01	09101	G.I. LABORATORY	0.201428	12,731	2,564	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,254,879	587,572	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)		3,254,879		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 3:58 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,666,578		30.00
33.01	03301	ADULT SPECIAL CARE		832,046		33.01
34.01	03401	CARDIOTHORACIC ICU		269,258		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		666,613		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.157856	1,671,767	263,898	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	1,531,167	616,919	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	427,839	29,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	496,048	113,279	54.00
54.01	05401	ULTRASOUND	0.109671	176,354	19,341	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	187,363	33,211	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	7,068	2,289	55.00
55.01	05501	CHEMOTHERAPY	0.431647	-582	-251	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	69,996	7,769	56.01
57.00	05700	CT SCAN	0.062166	405,431	25,204	57.00
58.00	05800	MRI	0.083209	154,969	12,895	58.00
60.00	06000	LABORATORY	0.177678	2,361,541	419,594	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	265,909	60,544	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	2,184,119	286,491	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	297,346	60,613	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	61,082	10,340	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	69,330	11,476	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	409,416	35,729	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	109,031	8,480	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	2,571,856	412,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	545,134	163,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	4,199,131	897,149	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.045624	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.911325	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	0	0	90.01
90.02	09002	DIABETES CENTER	4.306626	0	0	90.02
91.00	09100	EMERGENCY	0.196211	0	0	91.00
91.01	09101	G.I. LABORATORY	0.201428	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		18,201,315	3,490,689	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)		18,201,315		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 26-0110
Component CCN: 26-S110

Period:
From 01/01/2016
To 12/31/2016

Worksheet D-3
Date/Time Prepared:
5/26/2017 3:58 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		813,152		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.157856	4,460	704	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	5,846	407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	2,140	489	54.00
54.01	05401	ULTRASOUND	0.109671	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.431647	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	0	0	56.01
57.00	05700	CT SCAN	0.062166	0	0	57.00
58.00	05800	MRI	0.083209	17,701	1,473	58.00
60.00	06000	LABORATORY	0.177678	43,288	7,691	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	38,146	5,004	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	4,770	972	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	737	122	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	1,059	92	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	2,353	183	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	132,870	28,388	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.045624	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.911325	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	0	0	90.01
90.02	09002	DIABETES CENTER	4.306626	0	0	90.02
91.00	09100	EMERGENCY	0.196211	0	0	91.00
91.01	09101	G.I. LABORATORY	0.201428	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		253,370	45,525	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)		253,370		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IRF	Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		63,165		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.157856	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.402908	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069615	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228362	339	77	54.00
54.01	05401	ULTRASOUND	0.109671	2,547	279	54.01
54.03	05403	CARDIOVASCULAR LAB	0.177257	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.323802	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.431647	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.110996	0	0	56.01
57.00	05700	CT SCAN	0.062166	1,964	122	57.00
58.00	05800	MRI	0.083209	0	0	58.00
60.00	06000	LABORATORY	0.177678	4,239	753	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227686	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.131170	236	31	65.00
66.00	06600	PHYSICAL THERAPY	0.203848	63,099	12,863	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.264159	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.169280	41,989	7,108	67.00
68.00	06800	SPEECH PATHOLOGY	0.165526	28,339	4,691	68.00
69.01	06901	CV DIAGNOSTIC	0.087267	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.077778	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.160426	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.299637	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213651	15,299	3,269	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.792338	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.045624	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.911325	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.193967	0	0	90.01
90.02	09002	DIABETES CENTER	4.306626	0	0	90.02
91.00	09100	EMERGENCY	0.196211	0	0	91.00
91.01	09101	G.I. LABORATORY	0.201428	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338432	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		158,051	29,193	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)		158,051		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/26/2017 3:58 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)	29,457,793	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,210,737	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)	5,168,819	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	4,577,178	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	180.93	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)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	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)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	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.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	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	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	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)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)	16.79	31.00
32.00	Sum of lines 30 and 31	23.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)	8.39	33.00
34.00	Disproportionate share adjustment (see instructions)	811,072	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/26/2017 3:58 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)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000228236	0.000224856	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,462,113	1,344,073	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,094,588	338,780	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,433,368		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	46,081,789		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	46,081,789	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,141,948	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).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	258,150	53.00
54.00	Special add-on payments for new technologies	11,394	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 intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	468,457	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	98,609	58.00
59.00	Total (sum of amounts on lines 49 through 58)	51,060,347	59.00
60.00	Primary payer payments	89,350	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	50,970,997	61.00
62.00	Deductibles billed to program beneficiaries	3,935,148	62.00
63.00	Coinsurance billed to program beneficiaries	123,970	63.00
64.00	Allowable bad debts (see instructions)	930,207	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	604,635	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	767,393	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	47,516,514	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	RURAL DEMONSTRATION PROJECT	0	70.50
70.88	SCH or MDH volume decrease adjustment	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)	0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	-97,168	70.93
70.94	HRR adjustment amount (see instructions)	-326,377	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/26/2017 3:58 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)		498,116	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,594,853	71.00
71.01	Sequestration adjustment (see instructions)		931,897	71.01
72.00	Interim payments		45,344,838	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		318,118	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,323,547	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/26/2017 3:58 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	29,457,793	0	29,457,793		29,457,793	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,210,737	0		38,668,531	38,668,531	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,168,819	0	0	5,168,819	5,168,819	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,577,178	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0839	0.0839	0.0839	0.0839		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	811,072	0	617,877	193,195	811,072	11.00
11.01	Uncompensated care payments	36.00	1,433,368	0	1,094,588	338,780	1,433,368	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	46,081,789	0	31,170,258	14,911,531	46,081,789	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	46,081,789	0	31,170,258	14,911,531	46,081,789	15.00
16.00	Payment for inpatient program capital	50.00	4,141,948	0	0	4,141,948	4,141,948	16.00
17.00	Special add-on payments for new technologies	54.00	11,394	0	0	11,394	11,394	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	31,170,258	19,064,873	50,235,131	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,062,846	0	0	3,062,846	3,062,846	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	931,473	0	0	931,473	931,473	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0482	0.0482	0.0482	0.0482		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	147,629	0	0	147,629	147,629	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,141,948	0	0	4,141,948	4,141,948	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0110

Period: From 01/01/2016 To 12/31/2016

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2017 3:58 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 (cols. 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	29,457,793	29,457,793		29,457,793	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,210,737		9,210,737	9,210,737	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,168,819	0	5,168,819	5,168,819	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	4,577,178	0	4,577,178	4,577,178	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0839	0.0839	0.0839		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	811,072	617,877	193,195	811,072	11.00
11.01	Uncompensated care payments	36.00	1,433,368	1,094,588	338,780	1,433,368	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	46,081,789	31,170,258	14,911,531	46,081,789	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	46,081,789	31,170,258	14,911,531	46,081,789	15.00
16.00	Payment for inpatient program capital	50.00	4,141,948	0	4,141,948	4,141,948	16.00
17.00	Special add-on payments for new technologies	54.00	11,394	0	11,394	11,394	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			31,170,258	19,064,873	50,235,131	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,062,846	0	3,062,846	3,062,846	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	931,473	0	931,473	931,473	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0482	0.0482	0.0482		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	147,629	0	147,629	147,629	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,141,948	0	4,141,948	4,141,948	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	-97,168	0	-97,168	-97,168	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	-326,377	0	-326,377	-326,377	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		311,703	186,413	498,116	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	45,952	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	31,511,483	2.00
3.00	PPS payments	26,645,135	3.00
4.00	Outlier payment (see instructions)	415,619	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	87,228	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	45,952	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	220,260	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)	220,260	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	220,260	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	174,308	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	45,952	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	27,147,982	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	6,693	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	5,002,951	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)	22,184,290	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	22,184,290	30.00
31.00	Primary payer payments	6,823	31.00
32.00	Subtotal (line 30 minus line 31)	22,177,467	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)	348,211	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	226,337	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	211,117	36.00
37.00	Subtotal (see instructions)	22,403,804	37.00
38.00	MSP-LCC reconciliation amount from PS&R	638	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	22,403,166	40.00
40.01	Sequestration adjustment (see instructions)	448,063	40.01
41.00	Interim payments	22,114,953	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-159,850	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		45,032,438		22,114,953	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	09/30/2016	2,325,600		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	03/31/2017	2,013,200		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)		312,400		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		45,344,838		22,114,953	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		318,118		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		159,850	6.02
7.00	Total Medicare program liability (see instructions)		45,662,956		21,955,103	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: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		452,042		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)		452,042		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		42,239		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		494,281		0	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: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/26/2017 3:58 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		2,302,484		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)		2,302,484		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		12,740		0	6.02
7.00	Total Medicare program liability (see instructions)		2,289,744		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: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/26/2017 3:58 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	8,044	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	19,254	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,225	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	33,644	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	916,700,224	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	12,402,785	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	546,722	8.00
9.00	Sequestration adjustment amount (see instructions)	10,934	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	535,788	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	553,053	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-17,265	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	586,491	1.00
2.00	Net IPF PPS Outlier Payments	20,275	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	7.357923	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	606,766	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	606,766	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	606,766	18.00
19.00	Deductibles	139,372	19.00
20.00	Subtotal (line 18 minus line 19)	467,394	20.00
21.00	Coinsurance	6,069	21.00
22.00	Subtotal (line 20 minus line 21)	461,325	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	31,101	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	20,216	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	24,625	25.00
26.00	Subtotal (sum of lines 22 and 24)	481,541	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	22,827	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	504,368	31.00
31.01	Sequestration adjustment (see instructions)	10,087	31.01
32.00	Interim payments	452,042	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	42,239	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	20,275	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,230,957	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0193	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	51,981	3.00
4.00	Outlier Payments	47,550	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)	5.762295	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)	2,330,488	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,330,488	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,330,488	19.00
20.00	Deductibles	6,440	20.00
21.00	Subtotal (line 19 minus line 20)	2,324,048	21.00
22.00	Coinsurance	7,728	22.00
23.00	Subtotal (line 21 minus line 22)	2,316,320	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,316,320	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)	20,153	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	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,336,473	32.00
32.01	Sequestration adjustment (see instructions)	46,729	32.01
33.00	Interim payments	2,302,484	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, 33, and 34)	-12,740	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	47,550	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	7,284,131		1.00
2.00	Medical and other services		12,357,908	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	7,284,131	12,357,908	4.00
5.00	Inpatient primary payer payments	685,239		5.00
6.00	Outpatient primary payer payments		1,016,694	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	6,598,892	11,341,214	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	4,434,494		8.00
9.00	Ancillary service charges	18,201,315	68,657,301	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	22,635,809	68,657,301	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	22,635,809	68,657,301	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	15,351,678	56,299,393	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	7,284,131	12,357,908	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	7,284,131	12,357,908	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	6,598,892	11,341,214	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	2,280	21,348	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	6,596,612	11,319,866	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	6,596,612	11,319,866	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	6,596,612	11,319,866	40.00
41.00	Interim payments	5,028,701	12,178,043	41.00
42.00	Balance due provider/program (line 40 minus line 41)	1,567,911	-858,177	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	753,593		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	753,593	0	4.00
5.00	Inpatient primary payer payments	32,322		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	721,271	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	813,152		8.00
9.00	Ancillary service charges	253,370	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,066,522	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,066,522	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	312,929	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	753,593	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	753,593	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	721,271	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	721,271	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	721,271	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	721,271	0	40.00
41.00	Interim payments	237,201	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	484,070	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2017 3:58 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	110,270		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	110,270	0	4.00
5.00	Inpatient primary payer payments	6,718		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	103,552	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	158,051	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	158,051	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	158,051	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	47,781	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	110,270	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	110,270	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	103,552	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	103,552	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	103,552	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	103,552	0	40.00
41.00	Interim payments	49,301	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	54,251	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 26-0110

Period: From 01/01/2016 To 12/31/2016

Worksheet G

Date/Time Prepared: 5/26/2017 3:58 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	34,674,672	0	0	0	1.00
2.00	Temporary investments	2,765,685	0	0	0	2.00
3.00	Notes receivable	40,186,079	0	0	0	3.00
4.00	Accounts receivable	175,190,423	0	0	0	4.00
5.00	Other receivable	3,099,831	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-143,592,704	0	0	0	6.00
7.00	Inventory	7,074,633	0	0	0	7.00
8.00	Prepaid expenses	3,971,644	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,338,077	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	124,708,340	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,698,441	0	0	0	12.00
13.00	Land improvements	13,097,991	0	0	0	13.00
14.00	Accumulated depreciation	-8,646,352	0	0	0	14.00
15.00	Buildings	200,432,446	0	0	0	15.00
16.00	Accumulated depreciation	-119,317,327	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	144,685,727	0	0	0	23.00
24.00	Accumulated depreciation	-100,196,525	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	147,754,401	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	11,827,202	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	7,408,389	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,235,591	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	291,698,332	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	13,947,795	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,096,521	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,212,005	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	10,707,461	0	0	0	43.00
44.00	Other current liabilities	2,859,009	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,822,791	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	114,813,574	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,110,450	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	121,924,024	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	165,746,815	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	125,951,517				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)	125,951,517	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	291,698,332	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/26/2017 3:58 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		121,168,797		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		6,970,581				2.00
3.00	Total (sum of line 1 and line 2)		128,139,378		0		3.00
4.00	INCREASE IN PRNA	3,441		0		0	4.00
5.00	INCREASE IN TRNA	18,589		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		22,030		0		10.00
11.00	Subtotal (line 3 plus line 10)		128,161,408		0		11.00
12.00	INCREASE IN TRNA	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	2,209,891		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,209,891		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		125,951,517		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	INCREASE IN PRNA		0		4.00
5.00	INCREASE IN TRNA		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	INCREASE IN TRNA		0		12.00
13.00	TRANSFER TO AFFILIATES		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: 26-0110 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/26/2017 3:58 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	23,657,957		23,657,957	1.00
2.00	SUBPROVIDER - IPF	2,503,865		2,503,865	2.00
3.00	SUBPROVIDER - IRF	1,285,495		1,285,495	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)	27,447,317		27,447,317	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
13.01	ADULT SPECIAL CARE	5,836,283		5,836,283	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	CARDIOTHORACIC ICU	3,696,810		3,696,810	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,533,093		9,533,093	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,980,410		36,980,410	17.00
18.00	Ancillary services	377,597,528	0	377,597,528	18.00
19.00	Outpatient services	0	493,848,920	493,848,920	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
20.01	RURAL HEALTH CLINIC II	0	4,376,966	4,376,966	20.01
20.02	RURAL HEALTH CLINIC III	0	3,949,280	3,949,280	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,384,727	1,384,727	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,057,349	2,057,349	26.00
27.00	PPO	0	37,117,495	37,117,495	27.00
27.01	OUTREACH LAB	0	0	0	27.01
27.02	EMPLOYEE CHARGES	5,543,279	13,231,112	18,774,391	27.02
27.03	PROFESSIONAL CHARGES	5,261,393	37,645,543	42,906,936	27.03
27.04	OTHER (SPECIFY)	0	0	0	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	425,382,610	593,611,392	1,018,994,002	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		313,037,687		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		313,037,687		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/26/2017 3:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,018,994,002	1.00
2.00	Less contractual allowances and discounts on patients' accounts	725,581,993	2.00
3.00	Net patient revenues (line 1 minus line 2)	293,412,009	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	313,037,687	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-19,625,678	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	5,541	6.00
7.00	Income from investments	421,340	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	785,894	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	5,456,614	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,397,823	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	BUILDING BLOCKS GRANT	945,759	24.00
24.01	HEALTHPOINT	3,051,679	24.01
24.02	PRISONER MEALS	42,384	24.02
24.03	OUTREACH LAB	571,384	24.03
24.04	RENTAL INCOME	790,856	24.04
24.05	MISC OTHER OPERATING REVENUE	2,231,761	24.05
24.06	RENTAL INCOME - INTERNAL	4,882,918	24.06
24.07	GAIN ON DISPOSALS	0	24.07
24.08	340B PHARMACY	1,042,595	24.08
24.09	LOSS ON EQUIPMENT DISPOSAL	3,969,711	24.09
25.00	Total other income (sum of lines 6-24)	26,596,259	25.00
26.00	Total (line 5 plus line 25)	6,970,581	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,970,581	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period: From 01/01/2016 To 12/31/2016

Worksheet H
Date/Time Prepared: 5/26/2017 3:58 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	158,092	127,220	3,882	488	91,611	381,293	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	515,268	0	0	0	0	515,268	6.00
7.00	Physical Therapy	261,979	0	0	0	0	261,979	7.00
8.00	Occupational Therapy	42,147	0	0	0	0	42,147	8.00
9.00	Speech Pathology	37,745	0	0	0	0	37,745	9.00
10.00	Medical Social Services	9,070	0	0	0	0	9,070	10.00
11.00	Home Health Aide	4,365	0	0	0	0	4,365	11.00
12.00	Supplies (see instructions)	0	0	0	0	15,215	15,215	12.00
13.00	Drugs	0	0	0	0	5,963	5,963	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,028,666	127,220	3,882	488	112,789	1,273,045	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-85,441	295,852	-43	295,809			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	62,671	577,939	0	577,939			6.00
7.00	Physical Therapy	31,308	293,287	0	293,287			7.00
8.00	Occupational Therapy	10,565	52,712	0	52,712			8.00
9.00	Speech Pathology	910	38,655	0	38,655			9.00
10.00	Medical Social Services	4,552	13,622	0	13,622			10.00
11.00	Home Health Aide	908	5,273	0	5,273			11.00
12.00	Supplies (see instructions)	0	15,215	0	15,215			12.00
13.00	Drugs	0	5,963	0	5,963			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	25,473	1,298,518	-43	1,298,475			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 26-0110
HHA CCN: 26-7121

Period: From 01/01/2016 To 12/31/2016

Worksheet H-1 Part I
Date/Time Prepared: 5/26/2017 3:58 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	295,809	0	0	0	0	295,809	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	577,939	0	0	0	0	577,939	6.00
7.00	Physical Therapy	293,287	0	0	0	0	293,287	7.00
8.00	Occupational Therapy	52,712	0	0	0	0	52,712	8.00
9.00	Speech Pathology	38,655	0	0	0	0	38,655	9.00
10.00	Medical Social Services	13,622	0	0	0	0	13,622	10.00
11.00	Home Health Aide	5,273	0	0	0	0	5,273	11.00
12.00	Supplies (see instructions)	15,215	0	0	0	0	15,215	12.00
13.00	Drugs	5,963	0	0	0		5,963	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,298,475	0	0	0	0	1,298,475	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	295,809		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	170,505	748,444	6.00
7.00	Physical Therapy	86,526	379,813	7.00
8.00	Occupational Therapy	15,551	68,263	8.00
9.00	Speech Pathology	11,404	50,059	9.00
10.00	Medical Social Services	4,019	17,641	10.00
11.00	Home Health Aide	1,556	6,829	11.00
12.00	Supplies (see instructions)	4,489	19,704	12.00
13.00	Drugs	1,759	7,722	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		1,298,475	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-1
Part II
Date/Time Prepared:
5/26/2017 3:58 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-295,809	1,002,666	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	577,939	6.00
7.00	Physical Therapy	0	0	0	0	0	293,287	7.00
8.00	Occupational Therapy	0	0	0	0	0	52,712	8.00
9.00	Speech Pathology	0	0	0	0	0	38,655	9.00
10.00	Medical Social Services	0	0	0	0	0	13,622	10.00
11.00	Home Health Aide	0	0	0	0	0	5,273	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	15,215	12.00
13.00	Drugs	0	0	0		0	5,963	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-295,809	1,002,666	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		295,809	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.295022	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	NEW CAP-REL CSTS-BLDGS & FIX #5	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	748,444	0	0	0	0	0	2.00
3.00	Physical Therapy	379,813	0	0	0	0	0	3.00
4.00	Occupational Therapy	68,263	0	0	0	0	0	4.00
5.00	Speech Pathology	50,059	0	0	0	0	0	5.00
6.00	Medical Social Services	17,641	0	0	0	0	0	6.00
7.00	Home Health Aide	6,829	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	19,704	0	0	0	0	0	8.00
9.00	Drugs	7,722	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,298,475	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	0	51,912	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	51,912	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		2.00	4.00	5.01	5A.01	5.02	5.03	
1.00	Administrative and General	4,031	16,326	7,173	79,442	4,232	2,204	1.00
2.00	Skilled Nursing Care	0	45,826	0	794,270	42,312	0	2.00
3.00	Physical Therapy	0	23,299	0	403,112	21,474	0	3.00
4.00	Occupational Therapy	0	3,748	0	72,011	3,836	0	4.00
5.00	Speech Pathology	0	3,357	0	53,416	2,846	0	5.00
6.00	Medical Social Services	0	807	0	18,448	983	0	6.00
7.00	Home Health Aide	0	388	0	7,217	384	0	7.00
8.00	Supplies (see instructions)	0	0	0	19,704	1,050	0	8.00
9.00	Drugs	0	0	0	7,722	411	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,031	93,751	7,173	1,455,342	77,528	2,204	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

	Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05	5A.05	5.06	6.00	7.00	
1.00	Administrative and General	4,780	7,354	98,012	11,057	21,865	38,794	1.00
2.00	Skilled Nursing Care	0	0	836,582	94,380	0	0	2.00
3.00	Physical Therapy	0	0	424,586	47,900	0	0	3.00
4.00	Occupational Therapy	0	0	75,847	8,557	0	0	4.00
5.00	Speech Pathology	0	0	56,262	6,347	0	0	5.00
6.00	Medical Social Services	0	0	19,431	2,192	0	0	6.00
7.00	Home Health Aide	0	0	7,601	858	0	0	7.00
8.00	Supplies (see instructions)	0	0	20,754	2,341	0	0	8.00
9.00	Drugs	0	0	8,133	918	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,780	7,354	1,547,208	174,550	21,865	38,794	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

Home Health Agency I | PPS

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	20,073	0	3,362	0	221,301	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	20,073	0	3,362	0	221,301	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		14.00	15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	1,011	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,011	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period: From 01/01/2016 To 12/31/2016

Worksheet H-2 Part I
Date/Time Prepared: 5/26/2017 3:58 pm

Home Health Agency I

PPS

	Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMEDICAL EDUCATION PROGRAM	
		20.01	20.02	20.03	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	415,475	0	415,475				1.00
2.00	Skilled Nursing Care	930,962	0	930,962	239,842	1,170,804		2.00
3.00	Physical Therapy	472,486	0	472,486	121,726	594,212		3.00
4.00	Occupational Therapy	84,404	0	84,404	21,745	106,149		4.00
5.00	Speech Pathology	62,609	0	62,609	16,130	78,739		5.00
6.00	Medical Social Services	21,623	0	21,623	5,571	27,194		6.00
7.00	Home Health Aide	8,459	0	8,459	2,179	10,638		7.00
8.00	Supplies (see instructions)	23,095	0	23,095	5,950	29,045		8.00
9.00	Drugs	9,051	0	9,051	2,332	11,383		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	2,028,164	0	2,028,164	415,475	2,028,164		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.257629			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period: From 01/01/2016 To 12/31/2016

Worksheet H-2 Part II
Date/Time Prepared: 5/26/2017 3:58 pm

Home Health Agency I

PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	MVBLE EQUIP (DIRECT COS TS)	
		1.06	1.07	1.08	1.09	1.10	2.00	
1.00	Administrative and General	0	0	3,286	0	0	4,078	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	3,286	0	0	4,078	20.00
21.00	Total cost to be allocated	0	0	51,912	0	0	4,031	21.00
22.00	Unit cost multiplier	0.000000	0.000000	15.797931	0.000000	0.000000	0.988475	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period: From 01/01/2016 To 12/31/2016

Worksheet H-2 Part II
Date/Time Prepared: 5/26/2017 3:58 pm

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	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (GROSS REVENUES)	
		4.00	5.01	5A.02	5.02	5.03	5.04	
1.00	Administrative and General	183,565	33	0	79,442	10,270	1,384,727	1.00
2.00	Skilled Nursing Care	515,268	0	0	794,270	0	0	2.00
3.00	Physical Therapy	261,979	0	0	403,112	0	0	3.00
4.00	Occupational Therapy	42,147	0	0	72,011	0	0	4.00
5.00	Speech Pathology	37,745	0	0	53,416	0	0	5.00
6.00	Medical Social Services	9,070	0	0	18,448	0	0	6.00
7.00	Home Health Aide	4,365	0	0	7,217	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	19,704	0	0	8.00
9.00	Drugs	0	0	0	7,722	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,054,139	33		1,455,342	10,270	1,384,727	20.00
21.00	Total cost to be allocated	93,751	7,173		77,528	2,204	4,780	21.00
22.00	Unit cost multiplier	0.088936	217.363636		0.053271	0.214606	0.003452	22.00

	Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	5A.06	5.06	6.00	7.00	8.00	
1.00	Administrative and General	1,384,727	0	98,012	48	3,286	0	1.00
2.00	Skilled Nursing Care	0	0	836,582	0	0	0	2.00
3.00	Physical Therapy	0	0	424,586	0	0	0	3.00
4.00	Occupational Therapy	0	0	75,847	0	0	0	4.00
5.00	Speech Pathology	0	0	56,262	0	0	0	5.00
6.00	Medical Social Services	0	0	19,431	0	0	0	6.00
7.00	Home Health Aide	0	0	7,601	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	20,754	0	0	0	8.00
9.00	Drugs	0	0	8,133	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,384,727		1,547,208	48	3,286	0	20.00
21.00	Total cost to be allocated	7,354		174,550	21,865	38,794	0	21.00
22.00	Unit cost multiplier	0.005311		0.112816	455.520833	11.805843	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period: From 01/01/2016 To 12/31/2016

Worksheet H-2 Part II
Date/Time Prepared: 5/26/2017 3:58 pm

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	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	3,286	0	215	0	15	15,215	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,286	0	215	0	15	15,215	20.00
21.00	Total cost to be allocated	20,073	0	3,362	0	221,301	1,011	21.00
22.00	Unit cost multiplier	6.108643	0.000000	15.637209	0.000000	14,753.400000	0.066448	22.00

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	
		15.00	16.00	17.00	19.00	20.00	20.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/26/2017 3:58 pm
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	Cost Center Description	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
		20.02	20.03	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-3
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,170,804		1,170,804	3,250	360.25	1.00
2.00	Physical Therapy	3.00	594,212	0	594,212	2,639	225.17	2.00
3.00	Occupational Therapy	4.00	106,149	0	106,149	278	381.83	3.00
4.00	Speech Pathology	5.00	78,739	0	78,739	39	2,018.95	4.00
5.00	Medical Social Services	6.00	27,194		27,194	52	522.96	5.00
6.00	Home Health Aide	7.00	10,638		10,638	333	31.95	6.00
7.00	Total (sum of lines 1-6)		1,987,736	0	1,987,736	6,591		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		16020	0	1,186			8.00
8.01	Skilled Nursing Care		50089	0	0			8.01
8.02	Skilled Nursing Care		99926	0	650			8.02
9.00	Physical Therapy		16020	0	1,105			9.00
9.01	Physical Therapy		50089	0	0			9.01
9.02	Physical Therapy		99926	0	478			9.02
10.00	Occupational Therapy		16020	0	140			10.00
10.01	Occupational Therapy		50089	0	0			10.01
10.02	Occupational Therapy		99926	0	58			10.02
11.00	Speech Pathology		16020	0	31			11.00
11.01	Speech Pathology		50089	0	0			11.01
11.02	Speech Pathology		99926	0	6			11.02
12.00	Medical Social Services		16020	0	26			12.00
12.01	Medical Social Services		50089	0	0			12.01
12.02	Medical Social Services		99926	0	9			12.02
13.00	Home Health Aide		16020	0	118			13.00
13.01	Home Health Aide		50089	0	0			13.01
13.02	Home Health Aide		99926	0	71			13.02
14.00	Total (sum of lines 8-13)			0	3,878			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	29,045	0	29,045	0	0.000000	15.00
16.00	Cost of Drugs	9.00	11,383	0	11,383	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,836		0	661,419		1.00
2.00	Physical Therapy	0	1,583		0	356,444		2.00
3.00	Occupational Therapy	0	198		0	75,602		3.00
4.00	Speech Pathology	0	37		0	74,701		4.00
5.00	Medical Social Services	0	35		0	18,304		5.00
6.00	Home Health Aide	0	189		0	6,039		6.00
7.00	Total (sum of lines 1-6)	0	3,878		0	1,192,509		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0110
HHA CCN: 26-7121

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-3
Part I
Date/Time Prepared:
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	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	661,419	1.00
2.00	Physical Therapy	356,444	2.00
3.00	Occupational Therapy	75,602	3.00
4.00	Speech Pathology	74,701	4.00
5.00	Medical Social Services	18,304	5.00
6.00	Home Health Aide	6,039	6.00
7.00	Total (sum of lines 1-6)	1,192,509	7.00

	Cost Center Description	12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/26/2017 3:58 pm
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	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.203848	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.264159	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.169280	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.165526	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.160426	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.213651	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	817,388	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	19,147	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	9,099	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	164	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	845,798	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	845,798	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	845,798	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	845,798	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	845,798	31.00
31.01	Sequestration adjustment (see instructions)	0	16,916	31.01
32.00	Interim payments (see instructions)	0	828,882	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2016 To 12/31/2016	Worksheet H-5 Date/Time Prepared: 5/26/2017 3:58 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		828,882	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		828,882	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		828,882	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		41,897	41,897	0	41,897	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	121,306	121,306	0	121,306	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	24,950	24,950	25,473	50,423	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	324	324	0	324	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	141,025	0	141,025	0	141,025	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	3,922	3,922	0	3,922	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	56,012	56,012	0	56,012	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	30,802	0	30,802	0	30,802	13.00
14.00	PHARMACY*	0	77,615	77,615	0	77,615	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	202,275	0	202,275	0	202,275	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	480,728	0	480,728	0	480,728	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	437	0	437	0	437	32.00
33.00	MEDICAL SOCIAL SERVICES**	81,113	0	81,113	0	81,113	33.00
34.00	SPIRITUAL COUNSELING**	69,522	0	69,522	0	69,522	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	148	0	148	0	148	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	27,293	0	27,293	0	27,293	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	53,532	53,532	0	53,532	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	55	55	0	55	40.00
41.00	LABS & DIAGNOSTICS**	0	170	170	0	170	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	25,812	0	25,812	0	25,812	60.00
61.00	VOLUNTEER PROGRAM *	6,884	0	6,884	0	6,884	61.00
62.00	FUNDRAISING*	1,951	0	1,951	0	1,951	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	108	108	0	108	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	4,592	4,592	0	4,592	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	272,355	272,355	0	272,355	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,067,990	656,838	1,724,828	25,473	1,750,301	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	41,897		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	-17,874	103,432		3.00
4.00	ADMINISTRATIVE & GENERAL*	-64	50,359		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	324		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	141,025		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	3,922		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	56,012		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	30,802		13.00
14.00	PHARMACY*	0	77,615		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	-202,275	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	480,728		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	437		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	81,113		33.00
34.00	SPIRITUAL COUNSELING**	0	69,522		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	148		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	27,293		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	53,532		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	55		40.00
41.00	LABS & DIAGNOSTICS**	0	170		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	25,812		60.00
61.00	VOLUNTEER PROGRAM *	0	6,884		61.00
62.00	FUNDRAISING*	0	1,951		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	108		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	4,592		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	272,355		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-220,213	1,530,088		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O-2
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	200,556	0	200,556	0	200,556	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	476,645	0	476,645	0	476,645	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	80,484	0	80,484	0	80,484	33.00
34.00	SPIRITUAL COUNSELING	69,305	0	69,305	0	69,305	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	27,208	0	27,208	0	27,208	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	53,532	53,532	0	53,532	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	54	54	0	54	40.00
41.00	LABS & DIAGNOSTICS	0	169	169	0	169	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	854,198	53,755	907,953	0	907,953	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	-200,556	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	476,645		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	80,484		33.00
34.00	SPIRITUAL COUNSELING	0	69,305		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	27,208		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	53,532		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	54		40.00
41.00	LABS & DIAGNOSTICS	0	169		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	-200,556	707,397		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPITE CARE

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O-3
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	1,090	0	1,090	0	1,090	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,589	0	2,589	0	2,589	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	437	0	437	0	437	32.00
33.00	MEDICAL SOCIAL SERVICES	377	0	377	0	377	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	148	0	148	0	148	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	1	1	0	1	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	4,641	1	4,642	0	4,642	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	-1,090	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	2,589		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	437		32.00
33.00	MEDICAL SOCIAL SERVICES	0	377		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	148		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	1		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	-1,090	3,552		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O-4
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	629	0	629	0	629	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,494	0	1,494	0	1,494	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	252	0	252	0	252	33.00
34.00	SPIRITUAL COUNSELING	217	0	217	0	217	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	85	0	85	0	85	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,677	1	2,678	0	2,678	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	-629	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,494		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	252		33.00
34.00	SPIRITUAL COUNSELING	0	217		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	85		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	1		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	-629	2,049		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O-5
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	41,897	51,912	93,809	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	288	288	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	103,432	97,248	200,680	3.00
4.00	ADMINISTRATIVE & GENERAL	50,359	321,300	371,659	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	55,193	55,193	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	324	20,073	20,397	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	141,025	250,807	391,832	9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,922	660	4,582	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	56,012		56,012	12.00
13.00	VOLUNTEER SERVICE COORDINATION	30,802		30,802	13.00
14.00	PHARMACY	77,615	0	77,615	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	4,746	4,746	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	707,397		707,397	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,552		3,552	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,049		2,049	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	25,812		25,812	60.00
61.00	VOLUNTEER PROGRAM	6,884		6,884	61.00
62.00	FUNDRAISING	1,951		1,951	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	108		108	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	4,592		4,592	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	272,355		272,355	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,530,088	802,227	2,332,315	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	93,809	93,809				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	288		288			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	200,680	0	0	200,680		3.00
4.00	ADMINISTRATIVE & GENERAL	371,659	93,809	288	0	465,756	4.00
5.00	PLANT OPERATION & MAINTENANCE	55,193	0	0	0	55,193	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	20,397	0	0	0	20,397	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	391,832	0	0	26,499	418,331	9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,582	0	0	0	4,582	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	56,012	0	0	0	56,012	12.00
13.00	VOLUNTEER SERVICE COORDINATION	30,802	0	0	5,788	36,590	13.00
14.00	PHARMACY	77,615	0	0	0	77,615	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	4,746	0	0	0	4,746	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	707,397			160,871	868,268	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,552	0	0	874	4,426	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,049	0	0	504	2,553	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	25,812	0	0	4,850	30,662	60.00
61.00	VOLUNTEER PROGRAM	6,884	0	0	1,294	8,178	61.00
62.00	FUNDRAISING	1,951	0	0	0	1,951	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	108	0	0	0	108	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	4,592	0	0	0	4,592	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	272,355				272,355	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	2,332,315	93,809	288	200,680	2,332,315	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	465,756					4.00
5.00	PLANT OPERATION & MAINTENANCE	16,125	71,318				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	5,959	0		26,356		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	122,218	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,339	0		0		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	16,364	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	10,690	0		0		13.00
14.00	PHARMACY	22,676	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	1,387	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	253,668					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,293	56,039	0	20,709	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	746	15,279	0	5,647	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	8,958	0		0		60.00
61.00	VOLUNTEER PROGRAM	2,389	0		0		61.00
62.00	FUNDRAISING	570	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	32	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	1,342	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	465,756	71,318	0	26,356	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	540,549					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	5,921				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			72,376		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	47,280	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	537,714	5,890	0	71,996	47,032	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,231	24	0	299	195	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	604	7	0	81	53	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	540,549	5,921	0	72,376	47,280	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part I
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	100,291					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		6,133			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	99,764	0	6,101		1,890,433	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	414	0	25	0	85,655	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	113	0	7	0	25,090	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		39,620	60.00
61.00	VOLUNTEER PROGRAM	0		0		10,567	61.00
62.00	FUNDRAISING	0		0		2,521	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		140	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		5,934	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					272,355	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	100,291	0	6,133	0	2,332,315	100.00

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

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,286					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,286				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,067,990			3.00
4.00	ADMINISTRATIVE & GENERAL	3,286	3,286	0	-465,756	1,594,204	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	55,193	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	20,397	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	141,025	0	418,331	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	4,582	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	56,012	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	30,802	0	36,590	13.00
14.00	PHARMACY	0	0	0	0	77,615	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	4,746	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			856,133	0	868,268	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	4,651	0	4,426	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	2,683	0	2,553	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	25,812	0	30,662	60.00
61.00	VOLUNTEER PROGRAM	0	0	6,884	0	8,178	61.00
62.00	FUNDRAISING	0	0	0	0	1,951	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	108	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	4,592	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-272,355		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	93,809	288	200,680		465,756	100.00
101.00	UNIT COST MULTIPLIER	28.548083	0.087645	0.187904		0.292156	101.00

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

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,286					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3,286			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		34,897	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					34,714	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,582	0	2,582	0	144	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	704	0	704	0	39	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	71,318	0	26,356	0	540,549	100.00
101.00	UNIT COST MULTIPLIER	21.703591	0.000000	8.020694	0.000000	15.489842	101.00

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

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,658					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			10,658			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	10,658		13.00
14.00	PHARMACY			0	0	10,658	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,602	0	10,602	10,602	10,602	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	44	0	44	44	44	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	12	0	12	12	12	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	5,921	0	72,376	47,280	100,291	100.00
101.00	UNIT COST MULTIPLIER	0.555545	0.000000	6.790767	4.436104	9.409927	101.00

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

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
5/26/2017 3:58 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		10,658			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	10,602			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	44	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	12	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	6,133	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.575436	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O-7
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.203848	0	0	0	1.00
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.264159	0	0	0	1.01
1.02	PHYSIATRY	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.169280	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.165526	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.213651	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.177678	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.160426	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.323802	0	0	0	9.00
9.01	CHEMOTHERAPY	55.01	0.431647	0	0	0	9.01
10.00	CARDIAC REHAB	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.792338	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	1.01
1.02	PHYSIATRY	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
9.01	CHEMOTHERAPY	0	0	0	0	0	9.01
10.00	CARDIAC REHAB	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0110
Hospice CCN: 26-1537

Period: From 01/01/2016 To 12/31/2016

Worksheet O-8
Date/Time Prepared: 5/26/2017 3:58 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			1,890,433	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,602	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			178.31	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	9,707	417		9.00
10.00	Program cost (line 8 times line 9)	1,730,855	74,355		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			85,655	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			44	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,946.70	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	36	6		14.00
15.00	Program cost (line 13 times line 14)	70,081	11,680		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			25,090	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			12	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,090.83	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	12	0		19.00
20.00	Program cost (line 18 times line 19)	25,090	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,001,178	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,658	22.00
23.00	Average cost per diem (line 21 divided by line 22)			187.76	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 26-0110	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,062,846	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	931,473	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)	94.44	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	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)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.45	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	16.79	8.00
9.00	Sum of lines 7 and 8	23.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.82	10.00
11.00	Disproportionate share adjustment (see instructions)	147,629	11.00
12.00	Total prospective capital payments (see instructions)	4,141,948	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110
Component CCN: 26-8657

Period: From 01/01/2016 To 12/31/2016

Worksheet M-1
Date/Time Prepared: 5/26/2017 3:58 pm

RHC II Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,556,102	44,608	1,600,710	0	1,600,710	1.00
2.00	Physician Assistant	273,529	0	273,529	0	273,529	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	384,582	0	384,582	0	384,582	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	33,920	0	33,920	0	33,920	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,248,133	44,608	2,292,741	0	2,292,741	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	209,595	209,595	0	209,595	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	53,367	53,367	0	53,367	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	262,962	262,962	0	262,962	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,248,133	307,570	2,555,703	0	2,555,703	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	252,775	254,760	507,535	0	507,535	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	252,775	254,760	507,535	0	507,535	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,500,908	562,330	3,063,238	0	3,063,238	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110
Component CCN: 26-8657

Period:
From 01/01/2016
To 12/31/2016

Worksheet M-1
Date/Time Prepared:
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RHC II Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	1,600,710		1.00
2.00	Physician Assistant	0	273,529		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	384,582		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	33,920		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	2,292,741		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	209,595		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	53,367		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	262,962		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,555,703		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	-38,065	469,470		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-38,065	469,470		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-38,065	3,025,173		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110
Component CCN: 26-8674

Period: From 01/01/2016 To 12/31/2016

Worksheet M-1
Date/Time Prepared: 5/26/2017 3:58 pm

RHC III Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,188,183	15,712	1,203,895	0	1,203,895	1.00
2.00	Physician Assistant	86,035	0	86,035	0	86,035	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	258,445	0	258,445	0	258,445	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,532,663	15,712	1,548,375	0	1,548,375	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	629,148	629,148	0	629,148	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	28,959	28,959	0	28,959	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	658,107	658,107	0	658,107	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,532,663	673,819	2,206,482	0	2,206,482	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	119,529	166,760	286,289	0	286,289	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	119,529	166,760	286,289	0	286,289	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,652,192	840,579	2,492,771	0	2,492,771	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 26-0110
Component CCN: 26-8674

Period:
From 01/01/2016
To 12/31/2016

Worksheet M-1
Date/Time Prepared:
5/26/2017 3:58 pm

RHC III Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	1,203,895		1.00
2.00	Physician Assistant	0	86,035		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	258,445		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,548,375		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	629,148		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	28,959		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	658,107		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,206,482		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	-20,290	265,999		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-20,290	265,999		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-20,290	2,472,481		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2016 To 12/31/2016	Worksheet M-2 Date/Time Prepared: 5/26/2017 3:58 pm

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
					RHC II	Cost	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	5.24	22,926	4,200	22,008		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	3.38	6,390	2,100	7,098		3.00
4.00	Subtotal (sum of lines 1 through 3)	8.62	29,316		29,106	29,316	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	8.62	29,316			29,316	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	

	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES		
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)	2,555,703	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)	0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	2,555,703	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)	1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)	469,470	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	1,551,487	15.00
16.00	Total overhead (sum of lines 14 and 15)	2,020,957	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Enter the amount from line 16	2,020,957	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)	2,020,957	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)	4,576,660	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 26-0110
Component CCN: 26-8674

Period:
From 01/01/2016
To 12/31/2016

Worksheet M-2
Date/Time Prepared: 5/26/2017 3:58 pm

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
					RHC III	Cost	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	4.00	18,436	4,200	16,800		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.81	2,716	2,100	1,701		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.81	21,152		18,501	21,152	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.81	21,152			21,152	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					2,206,482	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,206,482	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					265,999	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,126,598	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,392,597	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,392,597	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,392,597	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					3,599,079	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2016 To 12/31/2016	Worksheet M-3 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	RHC II	Cost

			1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES			
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		4,576,660	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		177,696	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		4,398,964	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		29,316	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		29,316	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		150.05	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	80.44	81.32	8.00
9.00	Rate for Program covered visits (see instructions)	80.44	81.32	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	7,823	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	636,166	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	636,166	16.00
16.01	Total program charges (see instructions)(from contractor's records)		1,039,768	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		45,532	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		27,858	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		398,568	16.04
16.05	Total program cost (see instructions)	0	426,426	16.05
17.00	Primary payer amounts		1,060	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		110,098	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		176,827	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		425,366	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		58,206	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		483,572	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		483,572	26.00
26.01	Sequestration adjustment (see instructions)		9,671	26.01
27.00	Interim payments		410,181	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		63,720	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2016 To 12/31/2016	Worksheet M-3 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	RHC III	Cost

			1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES			
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		3,599,079	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		3,599,079	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		21,152	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		21,152	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		170.15	7.00

		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	80.44	81.32	8.00
9.00	Rate for Program covered visits (see instructions)	80.44	81.32	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	0	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	0	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		0	16.04
16.05	Total program cost (see instructions)	0	0	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		0	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		0	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		0	26.00
26.01	Sequestration adjustment (see instructions)		0	26.01
27.00	Interim payments		0	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		0	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2016 To 12/31/2016	Worksheet M-4 Date/Time Prepared: 5/26/2017 3:58 pm
	Title XVIII	RHC II	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	2,292,741	2,292,741	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.003746	0.011265	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	8,589	25,828	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	34,780	30,033	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	43,369	55,861	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	2,555,703	2,555,703	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	2,020,957	2,020,957	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.016969	0.021857	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	34,294	44,172	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	77,663	100,033	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	432	1,299	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	179.78	77.01	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	137	436	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	24,630	33,576	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)		177,696	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)		58,206	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2016 To 12/31/2016	Worksheet M-5 Date/Time Prepared: 5/26/2017 3:58 pm

		RHC II	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		410,181	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		410,181	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		63,720	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		473,901	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00