

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:35 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 42003		4.00 County: MC CRACKEN				
1.00	Street: 1530 LONE OAK ROAD	State: KY		Zip Code: 42003		County: MC CRACKEN				1.00
2.00	City: PADUCAH									2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MERCY HEALTH LOURDES HOSPITAL LLC	180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	LOURDES HOSPITAL GERI PSYCH UNIT	18S102	99918	4	01/01/2016	N	P	O	4.00
5.00	Subprovider - IRF	LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	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	LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	LOURDES HOSPICE	181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II	LOURDES HOSPICE IL	141548	99918		04/15/1992				14.01
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)					1		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	497	506	488	137	6,676	141		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	69	63	0	0	461			25.00	

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		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.		2			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.		2			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.		0			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.					37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N		N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		Y		N	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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		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
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

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

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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
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	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	Y	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	5.00	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	Y	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	5.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

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		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00			
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.	N				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:	1,175,756	1,044,384			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0359		140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0102		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/22/2018 3:35 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					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.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/27/2018	Y	04/27/2018		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: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/22/2018 3:35 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JAKE		CARNAZZO	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5139524046		JCARNAZZO@MERCY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/22/2018 3:35 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		265	96,725	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	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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	10	3,650			24.00
24.01 HOSPICE II	116.01	0	0			24.01
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		316				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)		3	1,095			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,156	335	36,025			1.00
2.00 HMO and other (see instructions)	5,584	7,986				2.00
3.00 HMO IPF Subprovider	283	708				3.00
4.00 HMO IRF Subprovider	894	552				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)	17,156	335	36,025			7.00
8.00 INTENSIVE CARE UNIT	1,698	97	3,339			8.00
9.00 CORONARY CARE UNIT	1,245	19	2,117			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		8	1,020			13.00
14.00 Total (see instructions)	20,099	459	42,501	0.00	771.07	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,391	68	2,896	0.00	16.19	16.00
17.00 SUBPROVIDER - IRF	3,971	10	5,852	0.00	20.49	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	36,910	4,353	62,293	0.00	73.98	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	1,026	167	1,392	0.00	65.31	24.00
24.01 HOSPICE II	0	0	0	0.00	3.57	24.01
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	950.61	27.00
28.00 Observation Bed Days		528	2,993			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	234			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,626	68	10,709	1.00
2.00 HMO and other (see instructions)				1,217	1,850		2.00
3.00 HMO IPF Subprovider					125		3.00
4.00 HMO IRF Subprovider					41		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,626	68	10,709	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		182	9	436	16.00
17.00 SUBPROVIDER - IRF	0.00	0		318	1	434	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						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
24.01 HOSPICE II	0.00						24.01
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	58,534,967	0	58,534,967	1,977,256.00	29.60
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		2,475	0	2,475	12.00	206.25
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		33,585	0	33,585	361.00	93.03
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,927,272	255,256	10,182,528	322,959.00	31.53
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		97,936	0	97,936	2,575.84	38.02
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		182,435	0	182,435	1,805.08	101.07
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		13,708,781	0	13,708,781	382,539.00	35.84
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,347,222	0	14,347,222		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,858,116	0	2,858,116		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		376	0	376		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		6,068	0	6,068		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,694,207	0	4,694,207		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	897,061	-886,397	10,664	2,538.00	4.20
27.00	Administrative & General	5.00	5,207,213	52,811	5,260,024	103,307.00	50.92

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,503,801	0	1,503,801	21,652.00	69.45	28.00
29.00	Maintenance & Repairs	6.00	507,127	8,206	515,333	21,907.00	23.52	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	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,124,173	-855,327	268,846	19,040.00	14.12	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	873,518	873,518	61,862.00	14.12	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,122,572	18,165	1,140,737	32,293.00	35.32	38.00
39.00	Central Services and Supply	14.00	20,556	333	20,889	1,195.00	17.48	39.00
40.00	Pharmacy	15.00	2,200,020	35,600	2,235,620	51,789.00	43.17	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	923,314	14,941	938,255	29,619.00	31.68	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2018 3:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	60,005,183	0	60,005,183	1,998,547.00	30.02	1.00
2.00	Excluded area salaries (see instructions)	9,927,272	255,256	10,182,528	322,959.00	31.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,077,911	-255,256	49,822,655	1,675,588.00	29.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,989,152	0	13,989,152	386,919.92	36.16	4.00
5.00	Subtotal wage-related costs (see inst.)	19,041,805	0	19,041,805	0.00	38.22	5.00
6.00	Total (sum of lines 3 thru 5)	83,108,868	-255,256	82,853,612	2,062,507.92	40.17	6.00
7.00	Total overhead cost (see instructions)	13,505,837	-738,150	12,767,687	345,202.00	36.99	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 18-0102

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/22/2018 3:35 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,956,349	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,956,304	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	1,657,908	9.00
10.00	Dental, Hearing and Vision Plan	383,698	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,276	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)	260,125	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	523,699	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	4,201,272	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	113,635	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	99,514	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,211,780	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: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/22/2018 3:35 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	97,936	17,211,780	1.00
2.00	Hospital	97,936	14,347,221	2.00
3.00	Subprovider - IPF	0	253,900	3.00
4.00	Subprovider - IRF	0	334,396	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,266,239	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	983,358	13.00
13.01	Hospital-Based Hospice 1	0	0	13.01
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	26,666	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 18-0102 Component CCN: 18-7100		Period: From 01/01/2017 To 12/31/2017		Worksheet S-4 Date/Time Prepared: 5/22/2018 3:35 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCCRACKEN		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	3,024	144	679	3,847	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,688.00	262.00	1,274.00	2,957.00	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)	40.00		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			10.59	0.00	10.59	5.00
6.00	Direct Nursing Service			34.02	0.00	34.02	6.00
7.00	Nursing Supervisor			2.00	0.00	2.00	7.00
8.00	Physical Therapy Service			19.17	0.00	19.17	8.00
9.00	Physical Therapy Supervisor			0.75	0.00	0.75	9.00
10.00	Occupational Therapy Service			3.88	0.00	3.88	10.00
11.00	Occupational Therapy Supervisor			0.90	0.00	0.90	11.00
12.00	Speech Pathology Service			1.66	0.00	1.66	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.85	0.00	1.85	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
20.01				99918			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	14,442	1,901	388	315	17,046	21.00
22.00	Skilled Nursing Visit Charges	3,899,340	513,270	104,760	85,050	4,602,420	22.00
23.00	Physical Therapy Visits	12,378	1,070	115	261	13,824	23.00
24.00	Physical Therapy Visit Charges	2,598,330	224,700	24,150	54,810	2,901,990	24.00
25.00	Occupational Therapy Visits	2,372	495	23	42	2,932	25.00
26.00	Occupational Therapy Visit Charges	461,955	96,525	4,485	8,190	571,155	26.00
27.00	Speech Pathology Visits	638	184	2	4	828	27.00
28.00	Speech Pathology Visit Charges	124,410	35,880	390	780	161,460	28.00
29.00	Medical Social Service Visits	253	40	8	17	318	29.00
30.00	Medical Social Service Visit Charges	44,275	7,000	1,400	2,975	55,650	30.00
31.00	Home Health Aide Visits	1,738	205	2	17	1,962	31.00
32.00	Home Health Aide Visit Charges	116,446	13,735	134	1,139	131,454	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	31,821	3,895	538	656	36,910	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)	7,244,756	891,110	135,319	152,944	8,424,129	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,867		192	52	2,111	36.00
37.00	Total Number of Outlier Episodes		93		6	99	37.00
38.00	Total Non-Routine Medical Supply Charges	126,099	29,581	7,487	2,590	165,757	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 18-0102

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

Worksheet S-7

Date/Time Prepared:
5/22/2018 3:35 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 18-0102

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

Worksheet S-7

Date/Time Prepared:
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		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0	69.00	
70.00		PE1	0	0	0	70.00	
71.00		PD2	0	0	0	71.00	
72.00		PD1	0	0	0	72.00	
73.00		PC2	0	0	0	73.00	
74.00		PC1	0	0	0	74.00	
75.00		PB2	0	0	0	75.00	
76.00		PB1	0	0	0	76.00	
77.00		PA2	0	0	0	77.00	
78.00		PA1	0	0	0	78.00	
199.00		AAA	0	0	0	199.00	
200.00	TOTAL		0	0	0	200.00	
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		
				1.00	2.00		
SNF SERVICES							
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).						201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?		
			1.00	2.00	3.00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)							
202.00	Staffing		0	0.00		202.00	
203.00	Recruitment		0	0.00		203.00	
204.00	Retention of employees		0	0.00		204.00	
205.00	Training		0	0.00		205.00	
206.00	OTHER (SPECIFY)		0	0.00		206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00	

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 18-0102 Hospice CCN: 18-1507	Period: From 01/01/2017 To 12/31/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/22/2018 3:35 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
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	1	1	10.00
11.00	Hospice Routine Home Care	38,745	2,249	3,663	44,657	11.00
12.00	Hospice Inpatient Respite Care	255	39	6	300	12.00
13.00	Hospice General Inpatient Care	1,026	167	199	1,392	13.00
14.00	Total Hospice Days	40,026	2,455	3,869	46,350	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-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2017 To 12/31/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/22/2018 3:35 pm
		Hospice II		

	Unduplicated Days	Hospice II				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
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	7,057	240	495	7,792	11.00
12.00	Hospice Inpatient Respite Care	26	0	0	26	12.00
13.00	Hospice General Inpatient Care	126	0	0	126	13.00
14.00	Total Hospice Days	7,209	240	495	7,944	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: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/22/2018 3:35 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.209028	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,048,210	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		142,617,620	6.00	
7.00	Medicaid cost (line 1 times line 6)		29,811,076	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)		5,762,866	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,762,866	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,565,166	1,012,676	2,577,842	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	327,164	1,012,676	1,339,840	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	35,108	35,108	22.00
23.00	Cost of charity care (line 21 minus line 22)	327,164	977,568	1,304,732	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			38,607,508	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			525,137	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			807,902	27.01
28.00	Non-Medicare bad debt expense (see instructions)			37,799,606	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,183,941	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,488,673	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,251,539	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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		0	0	4,520,948	4,520,948	1.00
2.00	00200		0	0	6,460,806	6,460,806	2.00
4.00	00400						
		897,061	11,948,972	12,846,033	3,095,458	15,941,491	4.00
5.01	00540	193,475	22,769	216,244	3,131	219,375	5.01
5.03	00560	0	0	0	0	0	5.03
5.04	00550	0	0	0	0	0	5.04
5.05	00591	5,013,738	41,437,548	46,451,286	-8,966,173	37,485,113	5.05
5.06	00570	0	0	0	0	0	5.06
6.00	00600	507,127	7,503,093	8,010,220	-55,409	7,954,811	6.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	2,355,846	2,355,846	-419	2,355,427	9.00
10.00	01000	1,124,173	1,326,399	2,450,572	-1,890,657	559,915	10.00
11.00	01100	0	0	0	1,887,759	1,887,759	11.00
13.00	01300	1,122,572	124,131	1,246,703	18,165	1,264,868	13.00
14.00	01400	20,556	522,445	543,001	765,052	1,308,053	14.00
15.00	01500	2,200,020	12,388,971	14,588,991	-12,210,434	2,378,557	15.00
16.00	01600	0	62	62	0	62	16.00
17.00	01700	923,314	263,002	1,186,316	14,129	1,200,445	17.00
18.00	01850	0	476,106	476,106	0	476,106	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,268,870	6,844,137	19,113,007	-1,439,448	17,673,559	30.00
31.00	03100	1,937,045	435,173	2,372,218	-6,129	2,366,089	31.00
32.00	03200	1,315,774	254,274	1,570,048	4,036	1,574,084	32.00
40.00	04000	876,713	89,808	966,521	87,752	1,054,273	40.00
41.00	04100	1,154,662	173,088	1,327,750	42,549	1,370,299	41.00
43.00	04300	0	0	0	263,493	263,493	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,048,663	26,025,352	30,074,015	-22,406,779	7,667,236	50.00
50.01	05001	932,798	127,503	1,060,301	-53,216	1,007,085	50.01
51.00	05100	392,684	100,991	493,675	8,029	501,704	51.00
52.00	05200	0	0	0	1,185,990	1,185,990	52.00
53.00	05300	28,823	341,348	370,171	-85,570	284,601	53.00
54.00	05400	2,319,474	2,976,985	5,296,459	-2,285,951	3,010,508	54.00
54.01	03630	266,044	91,348	357,392	17,246	374,638	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	03450	199,548	606,459	806,007	35,884	841,891	56.01
57.00	05700	488,022	297,823	785,845	94,910	880,755	57.00
59.00	05900	1,568,989	5,083,849	6,652,838	-4,456,386	2,196,452	59.00
60.00	06000	2,286,106	3,872,159	6,158,265	34,609	6,192,874	60.00
64.00	06400	296,293	90,656	386,949	-1,272	385,677	64.00
65.00	06500	980,100	404,792	1,384,892	-30,479	1,354,413	65.00
66.00	06600	913,617	191,359	1,104,976	-89,254	1,015,722	66.00
67.00	06700	231,953	17,713	249,666	30,210	279,876	67.00
68.00	06800	187,667	21,650	209,317	20,476	229,793	68.00
69.00	06900	1,057,407	496,586	1,553,993	-55,699	1,498,294	69.00
70.00	07000	458,764	236,825	695,589	-150,577	545,012	70.00
71.00	07100	0	0	0	9,575,380	9,575,380	71.00
72.00	07200	0	0	0	19,263,644	19,263,644	72.00
73.00	07300	0	0	0	13,326,869	13,326,869	73.00
73.01	07301	194,056	1,950,963	2,145,019	0	2,145,019	73.01
74.00	07400	0	997,617	997,617	-8,718	988,899	74.00
76.00	03951	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03030	531,474	761,233	1,292,707	-27,366	1,265,341	76.02
76.03	03020	58,685	137,730	196,415	-168,617	27,798	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	187,528	13,862	201,390	52,659	254,049	90.01
90.02	09002	937,820	634,187	1,572,007	-152,177	1,419,830	90.02
91.00	09100	2,517,455	4,416,425	6,933,880	-105,535	6,828,345	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	147,615	147,615	0	147,615	95.00
101.00	10100	4,372,302	4,346,334	8,718,636	-2,980,570	5,738,066	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		0	0	0	0	113.00
116.00	11600	3,214,083	6,678,046	9,892,129	-3,040,674	6,851,455	116.00
116.01	11601	181,435	561,600	743,035	-131,112	611,923	116.01
118.00							118.00
		58,406,890	147,794,834	206,201,724	10,563	206,212,287	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
5/22/2018 3:35 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	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	40,000	314,566	354,566	-11,988	342,578	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MEDICAL BUILDING AND OTHER	88,077	102,238	190,315	1,425	191,740	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	1,195	1,195	0	1,195	194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
200.00 TOTAL (SUM OF LINES 118 through 199)	58,534,967	148,212,833	206,747,800	0	206,747,800	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A
Date/Time Prepared:
5/22/2018 3:35 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	-720,998	3,799,950	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,996,519	9,457,325	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,315	15,965,806	4.00
5.01	00540	NONPATIENT TELEPHONES	-54,921	164,454	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00550	DATA PROCESSING	0	0	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-8,866,044	28,619,069	5.05
5.06	00570	ADMINISTRATIVE	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	-29,430	7,925,381	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,355,427	9.00
10.00	01000	DIETARY	0	559,915	10.00
11.00	01100	CAFETERIA	-625,880	1,261,879	11.00
13.00	01300	NURSING ADMINISTRATION	-25	1,264,843	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342,606	1,650,659	14.00
15.00	01500	PHARMACY	-61	2,378,496	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62	16.00
17.00	01700	SOCIAL SERVICE	0	1,200,445	17.00
18.00	01850	PATIENT TRANSPORT	0	476,106	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,425,077	15,248,482	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,366,089	31.00
32.00	03200	CORONARY CARE UNIT	0	1,574,084	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,054,273	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,370,299	41.00
43.00	04300	NURSERY	0	263,493	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,916,487	5,750,749	50.00
50.01	05001	REHAB MEDICINE	-97	1,006,988	50.01
51.00	05100	RECOVERY ROOM	0	501,704	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,185,990	52.00
53.00	05300	ANESTHESIOLOGY	0	284,601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,010,508	54.00
54.01	03630	ULTRA SOUND	0	374,638	54.01
56.00	05600	RADIOLOGY	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	841,891	56.01
57.00	05700	CT SCAN	-1,100	879,655	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,196,452	59.00
60.00	06000	LABORATORY	-12,424	6,180,450	60.00
64.00	06400	INTRAVENOUS THERAPY	0	385,677	64.00
65.00	06500	RESPIRATORY THERAPY	-500	1,353,913	65.00
66.00	06600	PHYSICAL THERAPY	0	1,015,722	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	279,876	67.00
68.00	06800	SPEECH PATHOLOGY	0	229,793	68.00
69.00	06900	ELECTROCARDIOLOGY	-215,326	1,282,968	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,053	539,959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,575,380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,263,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,500	13,319,369	73.00
73.01	07301	RETAIL PHARMACY	0	2,145,019	73.01
74.00	07400	RENAL DIALYSIS	0	988,899	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHIOTRIPTOR	0	0	76.01
76.02	03030	WOUND CARE	-166,542	1,098,799	76.02
76.03	03020	PICC LINE TEAM	0	27,798	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	254,049	90.01
90.02	09002	PAIN MANAGEMENT	-115,350	1,304,480	90.02
91.00	09100	EMERGENCY	-3,556,814	3,271,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	147,615	95.00
101.00	10100	HOME HEALTH AGENCY	86,696	5,824,762	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-350	6,851,105	116.00
116.01	11601	HOSPICE II	0	611,923	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,269,843	190,942,444	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	342,578	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	191,740	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952	FOUNDATION	0	1,195	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-15,269,843	191,477,957	200.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6
Date/Time Prepared:
5/22/2018 3:35 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LDRP						
1.00	NURSERY	43.00	187,370	73,091	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	843,357	328,986	2.00	
	TOTALS		1,030,727	402,077		
B - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,036,973	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,863,088	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	RADIOLOGY-DIAGNOSTIC	54.00	0	9,484	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
	TOTALS		0	9,909,545		
C - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	374,050	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	543,251	2.00	
	TOTALS		0	917,301		
D - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,326,869	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	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
5/22/2018 3:35 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	13,326,869	
E - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,263,644	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	133	2.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
TOTALS			0	19,263,777	
F - CAFETERIA					
1.00	CAFETERIA	11.00	859,608	1,014,241	1.00
TOTALS			859,608	1,014,241	
G - EMPLOYEE BENEFITS					
1.00	NONPATIENT TELEPHONES	5.01	3,131	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	49,680	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	8,206	0	3.00
4.00	DIETARY	10.00	4,281	0	4.00
5.00	CAFETERIA	11.00	13,910	0	5.00
6.00	NURSING ADMINISTRATION	13.00	18,165	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	333	0	7.00
8.00	PHARMACY	15.00	35,600	0	8.00
9.00	SOCIAL SERVICE	17.00	14,941	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	179,870	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	31,345	0	11.00
12.00	CORONARY CARE UNIT	32.00	21,292	0	12.00
13.00	SUBPROVIDER - IPF	40.00	15,377	0	13.00
14.00	SUBPROVIDER - IRF	41.00	19,111	0	14.00
15.00	NURSERY	43.00	3,032	0	15.00
16.00	OPERATING ROOM	50.00	65,270	0	16.00
17.00	REHAB MEDICINE	50.01	14,023	0	17.00
18.00	RECOVERY ROOM	51.00	6,437	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	13,647	0	19.00
20.00	ANESTHESIOLOGY	53.00	466	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	35,387	0	21.00
22.00	ULTRA SOUND	54.01	4,661	0	22.00
23.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	3,844	0	23.00
24.00	CT SCAN	57.00	9,485	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	24,307	0	25.00
26.00	LABORATORY	60.00	36,993	0	26.00
27.00	RESPIRATORY THERAPY	65.00	15,860	0	27.00
28.00	PHYSICAL THERAPY	66.00	14,420	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	4,175	0	29.00
30.00	SPEECH PATHOLOGY	68.00	3,624	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	17,781	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	6,654	0	32.00
33.00	WOUND CARE	76.02	8,600	0	33.00
34.00	PICC LINE TEAM	76.03	950	0	34.00
35.00	PARTIAL HOSPITAL PRG	90.01	3,828	0	35.00
36.00	PAIN MANAGEMENT	90.02	16,108	0	36.00
37.00	EMERGENCY	91.00	40,737	0	37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,433	0	38.00
39.00	MEDICAL BUILDING AND OTHER	194.00	1,425	0	39.00
40.00	HOME HEALTH AGENCY	101.00	50,710	0	40.00
41.00	HOSPICE	116.00	63,232	0	41.00
42.00	HOSPICE II	116.01	3,066	0	42.00
TOTALS			886,397	0	
H - DIRECTOR AND MANAGER					
1.00	PHYSICAL THERAPY	66.00	22,677	0	1.00
2.00	SPEECH PATHOLOGY	68.00	10,002	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	7,174	0	3.00
4.00	SUBPROVIDER - IRF	41.00	26,335	0	4.00
5.00	OCCUPATIONAL THERAPY	67.00	18,861	0	5.00
6.00	SPEECH PATHOLOGY	68.00	26,297	0	6.00
7.00	ULTRA SOUND	54.01	21,968	0	7.00
8.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	37,987	0	8.00
9.00	CT SCAN	57.00	98,116	0	9.00
10.00	SUBPROVIDER - IPF	40.00	73,567	0	10.00
11.00	PARTIAL HOSPITAL PRG	90.01	49,045	0	11.00

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
5/22/2018 3:35 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	PAI N MANAGEMENT	90.02	47,586	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	41,433	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	25,458	0	14.00
15.00	RECOVERY ROOM	51.00	5,116	0	15.00
16.00	PAI N MANAGEMENT	90.02	10,001	0	16.00
	TOTALS		521,623	0	
I - MED SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,575,380	1.00
2.00		0.00	0	0	2.00
6.00		0.00	0	0	6.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
20.00		0.00	0	0	20.00
28.00		0.00	0	0	28.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	9,575,380	
J - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	109,925	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	54,467	2.00
	TOTALS		0	164,392	
K - CORPORATE OVERHEAD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,790,314	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,054,459	2.00
	TOTALS		0	2,844,773	
L - PALLIATIVE					
1.00	HOSPICE II	116.01	20,485	1,539	1.00
	TOTALS		20,485	1,539	
M - HHA AND HOSPICE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,191,541	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,697,761	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	5,889,302	
500.00	Grand Total: Increases		3,318,840	63,309,196	500.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6
Date/Time Prepared:
5/22/2018 3:35 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - LDRP						
1.00	ADULTS & PEDIATRICS	30.00	1,030,727	402,077	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,030,727	402,077		
B - CAPITAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,635,317	10	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	55,453	10	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	710	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,895	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	80,542	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	107,657	0	6.00
7.00	PAIN MANAGEMENT	90.02	0	21,672	0	7.00
8.00	HOME HEALTH AGENCY	101.00	0	67,120	0	8.00
9.00	HOSPICE	116.00	0	41,809	0	9.00
10.00	HOSPICE II	116.01	0	4,800	0	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	5,147,633	0	11.00
12.00	MAINTENANCE & REPAIRS	6.00	0	8,162	0	12.00
13.00	HOUSEKEEPING	9.00	0	419	0	13.00
14.00	DIETARY	10.00	0	20,872	0	14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	285,161	0	15.00
16.00	PHARMACY	15.00	0	190	0	16.00
17.00	SOCIAL SERVICE	17.00	0	812	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	5,601	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	697	0	19.00
20.00	CORONARY CARE UNIT	32.00	0	337	0	20.00
21.00	SUBPROVIDER - IPF	40.00	0	1,068	0	21.00
22.00	SUBPROVIDER - IRF	41.00	0	235	0	22.00
23.00	OPERATING ROOM	50.00	0	95,445	0	23.00
24.00	REHAB MEDICINE	50.01	0	1,051	0	24.00
25.00		0.00	0	0	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	2,533	0	26.00
27.00	LABORATORY	60.00	0	1,732	0	27.00
28.00	INTRAVENOUS THERAPY	64.00	0	1,272	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	45,965	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	651	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	5,485	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,988	0	32.00
33.00	WOUND CARE	76.02	0	12,717	0	33.00
34.00	PAIN MANAGEMENT	90.02	0	2,751	0	34.00
35.00	EMERGENCY	91.00	0	1,690	0	35.00
36.00	HOME HEALTH AGENCY	101.00	0	128,993	0	36.00
37.00	HOSPICE	116.00	0	99,110	0	37.00
	TOTALS		0	9,909,545		
C - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	917,301	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	917,301		
D - DRUGS						
1.00	HOSPICE	116.00	0	52,651	0	1.00
2.00	DIETARY	10.00	0	217	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,002	0	3.00
4.00	PHARMACY	15.00	0	12,245,844	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	163,275	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	36,646	0	6.00
7.00	CORONARY CARE UNIT	32.00	0	16,919	0	7.00
8.00	SUBPROVIDER - IPF	40.00	0	124	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	2,662	0	9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,198	0	10.00
11.00	OPERATING ROOM	50.00	0	166,710	0	11.00
12.00	RECOVERY ROOM	51.00	0	3,524	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	86,036	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,222	0	14.00
15.00	ULTRA SOUND	54.01	0	46	0	15.00
16.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	5,947	0	16.00
17.00	CT SCAN	57.00	0	6,885	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	43,759	0	18.00
19.00	LABORATORY	60.00	0	652	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	374	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	109,428	0	21.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6
Date/Time Prepared:
5/22/2018 3:35 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7	Ref.	
6.00	7.00	8.00	9.00	10.00			
22.00	RENAL DIALYSIS	74.00	0	8,718		0	22.00
23.00	WOUNDCARE	76.02	0	5,095		0	23.00
25.00	PARTIAL HOSPITAL PRG	90.01	0	214		0	25.00
26.00	PAIN MANAGEMENT	90.02	0	199,174		0	26.00
27.00	EMERGENCY	91.00	0	144,547		0	27.00
	TOTALS		0	13,326,869			
E - IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	1,733		0	1.00
2.00		0.00	0	0		0	2.00
4.00	OPERATING ROOM	50.00	0	15,459,168		0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	563,007		0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	3,212,471		0	6.00
7.00	SPEECH PATHOLOGY	68.00	0	7,244		0	7.00
8.00	WOUNDCARE	76.02	0	18,154		0	8.00
9.00	PAIN MANAGEMENT	90.02	0	2,000		0	9.00
	TOTALS		0	19,263,777			
F - CAFETERIA							
1.00	DIETARY	10.00	859,608	1,014,241		0	1.00
	TOTALS		859,608	1,014,241			
G - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	767,117	0		0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	119,280	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
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
11.00		0.00	0	0		0	11.00
12.00		0.00	0	0		0	12.00
13.00		0.00	0	0		0	13.00
14.00		0.00	0	0		0	14.00
15.00		0.00	0	0		0	15.00
16.00		0.00	0	0		0	16.00
17.00		0.00	0	0		0	17.00
18.00		0.00	0	0		0	18.00
19.00		0.00	0	0		0	19.00
20.00		0.00	0	0		0	20.00
21.00		0.00	0	0		0	21.00
22.00		0.00	0	0		0	22.00
23.00		0.00	0	0		0	23.00
24.00		0.00	0	0		0	24.00
25.00		0.00	0	0		0	25.00
26.00		0.00	0	0		0	26.00
27.00		0.00	0	0		0	27.00
28.00		0.00	0	0		0	28.00
29.00		0.00	0	0		0	29.00
30.00		0.00	0	0		0	30.00
31.00		0.00	0	0		0	31.00
32.00		0.00	0	0		0	32.00
33.00		0.00	0	0		0	33.00
34.00		0.00	0	0		0	34.00
35.00		0.00	0	0		0	35.00
36.00		0.00	0	0		0	36.00
37.00		0.00	0	0		0	37.00
38.00		0.00	0	0		0	38.00
39.00		0.00	0	0		0	39.00
40.00		0.00	0	0		0	40.00
41.00		0.00	0	0		0	41.00
42.00		0.00	0	0		0	42.00
	TOTALS		886,397	0			
H - DIRECTOR AND MANAGER							
1.00	REHAB MEDICINE	50.01	66,188	0		0	1.00
2.00		0.00	0	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00	PHYSICAL THERAPY	66.00	45,158	0		0	5.00
6.00		0.00	0	0		0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	158,071	0		0	7.00
8.00		0.00	0	0		0	8.00
9.00		0.00	0	0		0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	122,611	0		0	10.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00		0.00	0	0	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	47,586	0	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	66,891	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00	OPERATING ROOM	50.00	15,118	0	0		15.00
16.00		0.00	0	0	0		16.00
	TOTALS		521,623	0			
I - MED SUPPLY							
1.00	ADULTS & PEDIATRICS	30.00	0	15,905	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	131	0		2.00
6.00	OPERATING ROOM	50.00	0	6,735,608	0		6.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,471,474	0		10.00
11.00	ULTRASOUND	54.01	0	9,337	0		11.00
13.00	CT SCAN	57.00	0	5,806	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	1,155,039	0		14.00
20.00	SPEECH PATHOLOGY	68.00	0	12,203	0		20.00
28.00	PICC LINE TEAM	76.03	0	169,567	0		28.00
30.00	PAIN MANAGEMENT	90.02	0	275	0		30.00
31.00	EMERGENCY	91.00	0	35	0		31.00
	TOTALS		0	9,575,380			
J - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	164,392	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	164,392			
K - CORPORATE OVERHEAD							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,844,773	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	2,844,773			
L - PALLIATIVE							
1.00	HOSPICE	116.00	20,485	1,539	0		1.00
	TOTALS		20,485	1,539			
M - HHA AND HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	0	2,835,167	0		1.00
2.00	HOSPICE	116.00	0	2,888,312	0		2.00
3.00	HOSPICE II	116.01	0	151,402	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,421	0		4.00
	TOTALS		0	5,889,302			
500.00	Grand Total: Decreases		3,318,840	63,309,196			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	453,242	0	0	0	1.00
2.00	Land Improvements	3,113,611	0	0	0	2.00
3.00	Buildings and Fixtures	119,463,188	2,494,028	0	2,494,028	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	111,249,088	8,104,351	0	8,104,351	5.00
6.00	Movable Equipment	17,238,667	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	251,517,796	10,598,379	0	10,598,379	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	251,517,796	10,598,379	0	10,598,379	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	453,242	0			1.00
2.00	Land Improvements	3,113,611	0			2.00
3.00	Buildings and Fixtures	121,957,216	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	117,187,791	0			5.00
6.00	Movable Equipment	17,238,667	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	259,950,527	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	259,950,527	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2018 3:35 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2018 3:35 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	242,711,859	0	242,711,859	0.934075	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,130,030	0	17,130,030	0.065925	0	2.00
3.00	Total (sum of lines 1-2)	259,841,889	0	259,841,889	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	109,925	3,671,107	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	54,139	5,863,088	2.00
3.00	Total (sum of lines 1-2)	0	0	0	164,064	9,534,195	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	-355,132	374,050	0	0	3,799,950	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,996,847	543,251	0	0	9,457,325	2.00
3.00	Total (sum of lines 1-2)	2,641,715	917,301	0	0	13,257,275	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
5/22/2018 3:35 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-337,241	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
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	-54,921	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-28,382	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,447,696			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	-278,298			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-583,525	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-365,866	CAP REL COSTS-BLDG & FIXT	1.00	10	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	-7,500	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 and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-42,332	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 ADMIN MISC INCOME	B	56	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.00
33.01 PLANT MAINTENANCE	B	-10	MAINTENANCE & REPAIRS	6.00	0 33.01
33.02 CLINICAL ENGINEERING MISC INCOME	B	-1,038	MAINTENANCE & REPAIRS	6.00	0 33.02
33.03 ADULTS & PEDI MISC INCOME	B	-443	ADULTS & PEDIATRICS	30.00	0 33.03
33.04 LABORATORY MISC INCOME	B	-1,174	LABORATORY	60.00	0 33.04
33.05 OTHER OPERATING REVENUE	B	-131,563	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.05
33.06 PAIN MANAGEMENT MISC INCOME	B	0		0.00	0 33.06
33.07 MIDDLELEVEL SALARY & BENEFIT	A	0		0.00	0 33.07
33.08 MIDDLELEVEL SALARY & BENEFIT	A	-3,211	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
33.09 PATIENT TELEPHONE DEPRECIATION	A	-328	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.09
33.10 HOME CARE OTHER INCOME	B	-352	HOME HEALTH AGENCY	101.00	0 33.10
33.11 MISCELLANEOUS REVENUE	B	-1,245	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.11
33.12 SPEECH THERAPY OTHER INCOME	B	0		0.00	0 33.12
33.13 ECHOCARDIOLOGY OTHER INCOME	B	0		0.00	0 33.13
33.14 ONCOLOGY OTHER INCOME	B	0		0.00	0 33.14
33.15 MEDICAL STAFF OTHER INCOME	B	-15,891	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.15
33.16 HOSPICE OTHER INCOME	B	-350	HOSPICE	116.00	0 33.16
33.17 MIDDLELEVEL SALARY & BENEFIT	A	-14,072	ADULTS & PEDIATRICS	30.00	0 33.17
33.18 CONTRIBUTIONS/DONATIONS	A	-269,155	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.18
33.19 PATIENT TELEPHONE	A	-19,753	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.19
33.20 MIDDLELEVEL SALARY & BENEFIT	A	0		0.00	0 33.20
33.21 MIDDLELEVEL SALARY & BENEFIT	A	0		0.00	0 33.21
33.22 MIDDLELEVEL SALARY & BENEFIT	A	0		0.00	0 33.22
33.23 OTHER OPERATING REVENUE CT	B	-1,100	CT SCAN	57.00	0 33.23
33.24 OTHER OPERATING REVENUE DIETARY	B	-23	CAFETERIA	11.00	0 33.24
33.25 GIFTS AND NON-REIMBURSABLES HR	A	-207,622	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.25
33.26 GIFTS AND NON-REIMBURSABLES A&G	A	-1,518	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.26
33.27 GIFTS AND NON-REIMBURSABLES NURSE AD	A	-25	NURSING ADMINISTRATION	13.00	0 33.27
33.28 GIFTS AND NON-REIMBURSABLES CSS	A	-61	PHARMACY	15.00	0 33.28
33.29 GIFTS AND NON-REIMBURSABLES REHAB	A	-97	REHAB MEDICINE	50.01	0 33.29
34.00 LOBBYING	A	-10,172	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.00
35.00 ADVERTISING	A	-444,935	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,269,843			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: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2018 3:35 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	1.00	CAP REL COSTS-BLDG & FIXT	MERCY HEALTH HOME OFFICE	462,970	480,861	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MERCY HEALTH HOME OFFICE	3,589,981	593,134	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MERCY HEALTH HOME OFFICE	14,922,284	14,690,347	3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	MERCY HEALTH HOME OFFICE	22,999,872	28,740,096	4.00
4.01	14.00	CENTRAL SERVICES & SUPPLY	MERCY HEALTH HOME OFFICE	1,397,065	1,054,459	4.01
4.03	30.00	ADULTS & PEDIATRICS	LOURDES PHYSICIANS	1,821,379	0	4.03
4.04	90.02	PAIN MANAGEMENT	LOURDES PHYSICIANS	4,067,792	4,067,792	4.04
4.05	91.00	EMERGENCY	LOURDES PHYSICIANS	107,850	107,850	4.05
4.06	70.00	ELECTROENCEPHALOGRAPHY	MERCY HEALTH HOME OFFICE	3,593,064	3,593,064	4.06
4.07	101.00	HOME HEALTH AGENCY	MERCY HEALTH HOME OFFICE	87,048	0	4.07
4.08	0.00		MERCY HEALTH HOME OFFICE	0	0	4.08
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			53,049,305	53,327,603	5.00

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

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

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

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

6.00	B	MERCY HEALTH	100.00	MERCY HEALTH	100.00	6.00
7.00	B	LOURDES PHYSICI	100.00	LOURDES PHYSICI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2018 3:35 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	-17,891	11		1.00
2.00	2,996,847	11		2.00
3.00	231,937	0		3.00
4.00	-5,740,224	0		4.00
4.01	342,606	0		4.01
4.03	1,821,379	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	87,048	0		4.07
4.08	0	0		4.08
5.00	-278,298			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	SISTER COMPANY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 18-0102

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2018 3:35 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	5.05	OTHER ADMINSTRATIVE AND GENERAL	642,624	638,699	3,925	211,500	39	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,000	2,000	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,916,487	1,916,487	0	0	0	3.00
4.00	60.00	LABORATORY	11,250	11,250	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	500	500	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	2,726	2,726	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	95	95	0	0	0	7.00
8.00	90.02	PAIN MANAGEMENT	7,500	7,500	0	0	0	8.00
9.00	5.05	OTHER ADMINSTRATIVE AND GENERAL	1,564,056	1,564,056	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	212,544	212,544	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	1,408,436	1,408,436	0	0	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	2,608,961	2,608,961	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	215,326	215,326	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	1,319	1,319	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	913	913	0	0	0	15.00
16.00	76.02	WOUND CARE	166,542	166,542	0	0	0	16.00
17.00	90.02	PAIN MANAGEMENT	107,850	107,850	0	0	0	17.00
18.00	91.00	EMERGENCY	3,556,814	3,556,814	0	0	0	18.00
19.00	5.05	OTHER ADMINSTRATIVE AND GENERAL	25,678	25,678	0	0	0	19.00
200.00			12,451,621	12,447,696	3,925		39	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	5.05	OTHER ADMINSTRATIVE AND GENERAL	3,966	198	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	8.00
9.00	5.05	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	76.02	WOUND CARE	0	0	0	0	0	16.00
17.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	5.05	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	19.00
200.00			3,966	198	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMINSTRATIVE AND GENERAL	0	3,966	0	638,699		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,000		2.00
3.00	50.00	OPERATING ROOM	0	0	0	1,916,487		3.00
4.00	60.00	LABORATORY	0	0	0	11,250		4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	500		5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,726		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	95		7.00
8.00	90.02	PAIN MANAGEMENT	0	0	0	7,500		8.00
9.00	5.05	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	1,564,056		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	212,544		10.00
11.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,408,436		11.00
12.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,608,961		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	215,326		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,319		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	913		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 18-0102

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2018 3:35 pm

	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		
16.00	76.02	WOUNDCARE	0	0	0	166,542		16.00
17.00	90.02	PAIN MANAGEMENT	0	0	0	107,850		17.00
18.00	91.00	EMERGENCY	0	0	0	3,556,814		18.00
19.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	25,678		19.00
200.00			0	3,966	0	12,447,696		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,799,950	3,799,950			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,457,325		9,457,325		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,965,806	29,402	622	15,995,830	4.00
5.01 00540	NONPATIENT TELEPHONES	164,454	4,375	0	53,736	222,565 5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04 00550	DATA PROCESSING	0	0	0	0	3,460 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	28,619,069	673,852	530,995	1,383,928	28,830 5.05
5.06 00570	ADMINISTRATIVE	0	0	6,546	0	5,189 5.06
6.00 00600	MAINTENANCE & REPAIRS	7,925,381	250,080	36,582	140,850	5,958 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	2,355,427	25,528	1,118	0	1,153 9.00
10.00 01000	DIETARY	559,915	99,150	0	73,481	3,844 10.00
11.00 01100	CAFETERIA	1,261,879	42,491	0	238,749	769 11.00
13.00 01300	NURSING ADMINISTRATION	1,264,843	11,742	265,427	311,785	4,421 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,650,659	45,613	0	5,709	192 14.00
15.00 01500	PHARMACY	2,378,496	29,393	520	611,037	3,075 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	62	0	0	0	6,727 16.00
17.00 01700	SOCIAL SERVICE	1,200,445	4,654	4,895	256,443	8,265 17.00
18.00 01850	PATIENT TRANSPORT	476,106	6,819	0	0	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,248,482	825,924	84,094	3,120,789	23,448 30.00
31.00 03100	INTENSIVE CARE UNIT	2,366,089	111,942	11,655	537,998	2,306 31.00
32.00 03200	CORONARY CARE UNIT	1,574,084	76,455	105,093	365,446	1,538 32.00
40.00 04000	SUBPROVIDER - I/PF	1,054,273	69,552	0	263,932	0 40.00
41.00 04100	SUBPROVIDER - I/RF	1,370,299	149,844	2,184	328,012	5,574 41.00
43.00 04300	NURSERY	263,493	3,567	0	52,040	2,499 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,750,749	358,975	5,512,342	1,120,284	7,880 50.00
50.01 05001	REHAB MEDICINE	1,006,988	46,244	2,381	240,694	384 50.01
51.00 05100	RECOVERY ROOM	501,704	41,154	57,570	110,486	1,153 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,185,990	26,067	0	234,235	0 52.00
53.00 05300	ANESTHESIOLOGY	284,601	4,041	10,486	8,005	192 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,010,508	171,610	349,286	573,871	9,610 54.00
54.01 03630	ULTRA SOUND	374,638	3,001	64,597	79,993	384 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	841,891	10,377	18,242	65,973	384 56.01
57.00 05700	CT SCAN	879,655	11,389	87,524	162,795	577 57.00
59.00 05900	CARDIAC CATHETERIZATION	2,196,452	115,769	81,202	417,195	8,072 59.00
60.00 06000	LABORATORY	6,180,450	78,136	103,363	634,947	11,916 60.00
64.00 06400	INTRAVENOUS THERAPY	385,677	17,047	2,977	80,983	192 64.00
65.00 06500	RESPIRATORY THERAPY	1,353,913	10,767	1,011	272,215	961 65.00
66.00 06600	PHYSICAL THERAPY	1,015,722	2,230	17,112	247,506	192 66.00
67.00 06700	OCCUPATIONAL THERAPY	279,876	0	1,055	71,654	1,922 67.00
68.00 06800	SPEECH PATHOLOGY	229,793	0	4,108	62,205	192 68.00
69.00 06900	ELECTROCARDIOLOGY	1,282,968	48,483	325,350	305,194	2,691 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	539,959	0	25,297	114,201	2,114 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,575,380	0	8,674	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,263,644	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,319,369	0	497	0	0 73.00
73.01 07301	RETAIL PHARMACY	2,145,019	3,577	0	53,039	0 73.01
74.00 07400	RENAL DIALYSIS	988,899	0	0	0	577 74.00
76.00 03951	DIABETES	0	0	0	0	0 76.00
76.01 03950	LITHIUM	0	0	0	0	0 76.01
76.02 03030	WOUND CARE	1,098,799	0	4,421	147,612	1,345 76.02
76.03 03020	PICC LINE TEAM	27,798	474	0	16,299	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PARTIAL HOSPITAL PRG	254,049	42,231	0	65,706	0 90.01
90.02 09002	PAIN MANAGEMENT	1,304,480	35,022	14,173	276,466	3,652 90.02
91.00 09100	EMERGENCY	3,271,531	163,305	28,127	699,202	7,304 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	147,615	0	0	0	0 95.00
101.00 10100	HOME HEALTH AGENCY	5,824,762	0	0	1,208,893	11,340 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	6,851,105	86,469	9,705	890,154	8,649 116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
116.01 11601 HOSPI CE II	611,923	0	0	56,027	0	116.01
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	190,942,444	3,736,751	7,779,231	15,959,769	188,931	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,149	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	342,578	27,173	1,650,910	11,598	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MEDICAL BUILDING AND OTHER	191,740	10,423	27,184	24,463	0	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	33,634	194.01
194.02 07952 FOUNDATION	1,195	8,454	0	0	0	194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	191,477,957	3,799,950	9,457,325	15,995,830	222,565	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Part I
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Cost Center Description			PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMINITTING	
			5.03	5.04	5A.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0					5.03
5.04	00550	DATA PROCESSING	0	3,460				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	31,236,674	31,236,674		5.05
5.06	00570	ADMINITTING	0	0	11,735	2,310	14,045	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,358,851	1,645,289	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,383,226	469,095	0	9.00
10.00	01000	DIETARY	0	0	736,390	144,945	0	10.00
11.00	01100	CAFETERIA	0	0	1,543,888	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,858,218	365,757	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,702,173	335,042	0	14.00
15.00	01500	PHARMACY	0	0	3,022,521	594,929	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,789	1,336	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,474,702	290,269	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	482,925	95,055	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	202	19,302,939	3,799,384	857	30.00
31.00	03100	INTENSIVE CARE UNIT	0	34	3,030,024	596,406	144	31.00
32.00	03200	CORONARY CARE UNIT	0	25	2,122,641	417,804	108	32.00
40.00	04000	SUBPROVIDER - IPF	0	13	1,387,770	273,158	56	40.00
41.00	04100	SUBPROVIDER - IRF	0	19	1,855,932	365,307	79	41.00
43.00	04300	NURSERY	0	1	321,600	63,301	6	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	561	12,750,791	2,509,764	2,106	50.00
50.01	05001	REHAB MEDICINE	0	20	1,296,711	255,234	87	50.01
51.00	05100	RECOVERY ROOM	0	22	712,089	140,162	95	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6	1,446,298	284,678	27	52.00
53.00	05300	ANESTHESIOLOGY	0	52	307,377	60,502	221	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	255	4,115,140	809,991	1,085	54.00
54.01	03630	ULTRA SOUND	0	34	522,647	102,874	144	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	63	936,930	184,418	266	56.01
57.00	05700	CT SCAN	0	156	1,142,096	224,801	661	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	133	2,818,823	554,835	566	59.00
60.00	06000	LABORATORY	0	223	7,009,035	1,379,602	948	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12	486,888	95,835	52	64.00
65.00	06500	RESPIRATORY THERAPY	0	88	1,638,955	322,599	373	65.00
66.00	06600	PHYSICAL THERAPY	0	17	1,282,779	252,492	71	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4	354,511	69,779	19	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	296,304	58,322	24	68.00
69.00	06900	ELECTROCARDIOLOGY	0	132	1,964,818	386,739	561	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31	681,602	134,161	134	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	99	9,584,153	1,886,468	421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	415	19,264,059	3,791,783	1,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	333	13,320,199	2,621,841	1,414	73.00
73.01	07301	RETAIL PHARMACY	0	0	2,201,635	433,352	0	73.01
74.00	07400	RENAL DIALYSIS	0	10	989,486	194,763	44	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	38	1,252,215	246,476	164	76.02
76.03	03020	PICC LINE TEAM	0	7	44,578	8,774	29	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	8	361,994	71,252	32	90.01
90.02	09002	PAIN MANAGEMENT	0	71	1,633,864	321,597	301	90.02
91.00	09100	EMERGENCY	0	279	4,169,748	820,740	1,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	147,615	29,055	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	41	7,045,036	1,386,689	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	43	7,846,125	1,544,368	0	116.00
116.01	11601	HOSPICE II	0	7	667,957	131,475	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,460	189,131,456	30,774,808	14,045	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	17,149	3,375	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Cost Center Description			PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE	
			5.03	5.04	5A.04	5.05	5.06	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,032,259	400,014	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	253,810	49,958	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	33,634	6,620	0	194.01
194.02	07952	FOUNDATION	0	0	9,649	1,899	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,460	191,477,957	31,236,674	14,045	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Cost Center Description		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	DATA PROCESSING					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06	00570	ADMINITTING					5.06
6.00	00600	MAINTENANCE & REPAIRS	10,004,140				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	89,855	0	2,942,176		9.00
10.00	01000	DIETARY	348,988	0	0	1,230,323	10.00
11.00	01100	CAFETERIA	149,561	0	0	893,402	2,586,851
13.00	01300	NURSING ADMINISTRATION	41,331	0	12,841	0	59,375
14.00	01400	CENTRAL SERVICES & SUPPLY	160,548	0	49,759	0	0
15.00	01500	PHARMACY	103,457	0	32,102	0	91,771
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	16,382	0	4,815	0	46,235
18.00	01850	PATIENT TRANSPORT	24,000	0	8,026	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,907,096	0	911,706	248,724	767,121
31.00	03100	INTENSIVE CARE UNIT	394,013	0	123,594	18,270	103,478
32.00	03200	CORONARY CARE UNIT	269,106	0	85,071	13,503	76,150
40.00	04000	SUBPROVIDER - IPF	244,811	0	77,046	14,020	57,977
41.00	04100	SUBPROVIDER - IRF	527,422	0	165,327	42,404	69,999
43.00	04300	NURSERY	12,556	0	3,210	0	9,471
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,263,523	0	396,463	0	268,219
50.01	05001	REHAB MEDICINE	162,772	0	51,364	0	45,117
51.00	05100	RECOVERY ROOM	144,853	0	44,943	0	21,982
52.00	05200	DELIVERY ROOM & LABOR ROOM	91,751	0	28,892	0	41,342
53.00	05300	ANESTHESIOLOGY	14,224	0	4,815	0	3,355
54.00	05400	RADIOLOGY-DIAGNOSTIC	604,034	0	189,404	0	140,802
54.01	03630	ULTRA SOUND	10,562	0	3,210	0	13,490
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	36,524	0	11,236	0	9,575
57.00	05700	CT SCAN	40,088	0	12,841	0	28,726
59.00	05900	CARDIAC CATHETERIZATION	407,485	0	128,409	0	73,808
60.00	06000	LABORATORY	275,024	0	86,676	0	156,004
64.00	06400	INTRAVENOUS THERAPY	60,001	0	19,261	0	11,777
65.00	06500	RESPIRATORY THERAPY	37,897	0	11,236	0	61,751
66.00	06600	PHYSICAL THERAPY	7,848	0	3,210	0	46,375
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,842
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,479
69.00	06900	ELECTROCARDIOLOGY	170,652	0	52,969	0	58,921
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	25,057
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACY	12,589	0	3,210	0	7,514
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03951	DIABETES	0	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0	0
76.02	03030	WOUND CARE	0	0	0	0	37,708
76.03	03020	PICC LINE TEAM	1,668	0	0	0	5,277
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	148,646	0	46,548	0	9,051
90.02	09002	PAIN MANAGEMENT	123,272	0	38,523	0	54,692
91.00	09100	EMERGENCY	574,801	0	179,773	0	151,041
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	304,355	0	94,702	0	0
116.01	11601	HOSPICE II	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,781,695	0	2,881,182	1,230,323	2,569,482
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,361	0	19,261	0	0
191.00	19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Cost Center Description			MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,642	0	30,497	0	6,605	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	36,687	0	11,236	0	10,764	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	29,755	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,004,140	0	2,942,176	1,230,323	2,586,851	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
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To 12/31/2017

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00550						5.04
5.05	00591						5.05
5.06	00570						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,337,522					13.00
14.00	01400		2,247,522				14.00
15.00	01500	39	10,471	3,855,290			15.00
16.00	01600				8,125		16.00
17.00	01700	62,643	99				17.00
18.00	01850		335			1,895,145	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	949,063	52,589		3,167	1,406,128	30.00
31.00	03100	203,695	15,345		235	52,382	31.00
32.00	03200	161,076	7,824		171	52,382	32.00
40.00	04000	52,760	542				40.00
41.00	04100	70,441	3,112		405		41.00
43.00	04300				60		43.00
44.00	04400						44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	239,453	429,200		781		50.00
50.01	05001	8,120	447				50.01
51.00	05100	42,484	2,825				51.00
52.00	05200						52.00
53.00	05300		16,655				53.00
54.00	05400	20,743	79,283		1,311		54.00
54.01	03630		1,019				54.01
56.00	05600						56.00
56.01	03450		1,718				56.01
57.00	05700	7,523	9,781				57.00
59.00	05900	81,849	104,159		290		59.00
60.00	06000		122,042		688		60.00
64.00	06400	27,068	2,200				64.00
65.00	06500		16,481		126		65.00
66.00	06600	52	302				66.00
67.00	06700		8		22		67.00
68.00	06800		143		18		68.00
69.00	06900	29,926	2,145		297		69.00
70.00	07000		1,225		130		70.00
71.00	07100		527,838				71.00
72.00	07200		758,994				72.00
73.00	07300			3,855,290			73.00
73.01	07301						73.01
74.00	07400		1,007				74.00
76.00	03951						76.00
76.01	03950						76.01
76.02	03030	52,220	4,255				76.02
76.03	03020	11,565	8,406				76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
90.01	09001	10,350	44				90.01
90.02	09002	71,708	9,411				90.02
91.00	09100	234,744	27,242		424	384,253	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		179				95.00
101.00	10100		15,869				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600		12,410				116.00
116.01	11601		1,550				116.01
118.00		2,337,522	2,247,155	3,855,290	8,125	1,895,145	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	363	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,337,522	2,247,522	3,855,290	8,125	1,895,145	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PATIENT TRANSPORT				
	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00550	DATA PROCESSING				5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL				5.05
5.06 00570	ADMITTING				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
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
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
18.00 01850	PATIENT TRANSPORT	610,341			18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	37,908	30,386,682	0	30,386,682
31.00 03100	INTENSIVE CARE UNIT	6,348	4,543,934	0	4,543,934
32.00 03200	CORONARY CARE UNIT	4,765	3,210,601	0	3,210,601
40.00 04000	SUBPROVIDER - I/PF	2,482	2,110,622	0	2,110,622
41.00 04100	SUBPROVIDER - I/RF	3,504	3,103,932	0	3,103,932
43.00 04300	NURSERY	275	410,479	0	410,479
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	82,337	17,942,637	0	17,942,637
50.01 05001	REHAB MEDICINE	3,848	1,823,700	0	1,823,700
51.00 05100	RECOVERY ROOM	4,181	1,113,614	0	1,113,614
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,200	1,894,188	0	1,894,188
53.00 05300	ANESTHESIOLOGY	9,765	416,914	0	416,914
54.00 05400	RADIOLOGY-DIAGNOSTIC	47,974	6,009,767	0	6,009,767
54.01 03630	ULTRASOUND	6,387	660,333	0	660,333
56.00 05600	RADIOISOTOPE	0	0	0	0
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,778	1,192,445	0	1,192,445
57.00 05700	CT SCAN	29,241	1,495,758	0	1,495,758
59.00 05900	CARDIAC CATHETERIZATION	25,029	4,195,253	0	4,195,253
60.00 06000	LABORATORY	41,922	9,071,941	0	9,071,941
64.00 06400	INTRAVENOUS THERAPY	2,315	705,397	0	705,397
65.00 06500	RESPIRATORY THERAPY	16,505	2,105,923	0	2,105,923
66.00 06600	PHYSICAL THERAPY	3,141	1,596,270	0	1,596,270
67.00 06700	OCCUPATIONAL THERAPY	831	434,012	0	434,012
68.00 06800	SPEECH PATHOLOGY	1,052	363,342	0	363,342
69.00 06900	ELECTROCARDIOLOGY	24,815	2,691,843	0	2,691,843
70.00 07000	ELECTROENCEPHALOGRAPHY	5,920	848,229	0	848,229
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,611	12,017,491	0	12,017,491
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	78,029	23,894,629	0	23,894,629
73.00 07300	DRUGS CHARGED TO PATIENTS	62,551	19,861,295	0	19,861,295
73.01 07301	RETAIL PHARMACY	0	2,658,300	0	2,658,300
74.00 07400	RENAL DIALYSIS	1,934	1,187,234	0	1,187,234
76.00 03951	DIABETES	0	0	0	0
76.01 03950	LITHIATOR	0	0	0	0
76.02 03030	WOUND CARE	7,233	1,600,271	0	1,600,271
76.03 03020	PICC LINE TEAM	1,263	81,560	0	81,560
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	0
90.01 09001	PARTIAL HOSPITAL PRG	1,424	649,341	0	649,341
90.02 09002	PAIN MANAGEMENT	13,311	2,266,679	0	2,266,679
91.00 09100	EMERGENCY	52,462	6,596,414	0	6,596,414
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	176,849	0	176,849
101.00 10100	HOME HEALTH AGENCY	0	8,447,594	0	8,447,594
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0	0	0	0
116.00 11600	HOSPICE	0	9,801,960	0	9,801,960

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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

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Cost Center Description		OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		PATIENT TRANSPORT					
		18.00	24.00	25.00	26.00		
116.01	11601	HOSPICE II	0	800,982	0	800,982	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	610,341	188,368,415	0	188,368,415	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100,146	0	100,146	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,565,021	0	2,565,021	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	362,818	0	362,818	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	40,254	0	40,254	194.01
194.02	07952	FOUNDATION	0	41,303	0	41,303	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	610,341	191,477,957	0	191,477,957	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	29,402	622	30,024	4.00
5.01	00540	NONPATIENT TELEPHONES	0	4,375	0	4,375	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00550	DATA PROCESSING	0	0	0	0	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	1,953,018	673,852	530,995	3,157,865	5.05
5.06	00570	ADMINISTRATIVE	0	0	6,546	6,546	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	250,080	36,582	286,662	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	25,528	1,118	26,646	9.00
10.00	01000	DIETARY	0	99,150	0	99,150	10.00
11.00	01100	CAFETERIA	0	42,491	0	42,491	11.00
13.00	01300	NURSING ADMINISTRATION	0	11,742	265,427	277,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	45,613	0	45,613	14.00
15.00	01500	PHARMACY	0	29,393	520	29,913	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,654	4,895	9,549	17.00
18.00	01850	PATIENT TRANSPORT	0	6,819	0	6,819	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	825,924	84,094	910,018	30.00
31.00	03100	INTENSIVE CARE UNIT	0	111,942	11,655	123,597	31.00
32.00	03200	CORONARY CARE UNIT	0	76,455	105,093	181,548	32.00
40.00	04000	SUBPROVIDER - IPF	0	69,552	0	69,552	40.00
41.00	04100	SUBPROVIDER - IRF	0	149,844	2,184	152,028	41.00
43.00	04300	NURSERY	0	3,567	0	3,567	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	358,975	5,512,342	5,871,317	50.00
50.01	05001	REHAB MEDICINE	0	46,244	2,381	48,625	50.01
51.00	05100	RECOVERY ROOM	0	41,154	57,570	98,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,067	0	26,067	52.00
53.00	05300	ANESTHESIOLOGY	0	4,041	10,486	14,527	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	171,610	349,286	520,896	54.00
54.01	03630	ULTRA SOUND	0	3,001	64,597	67,598	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,377	18,242	28,619	56.01
57.00	05700	CT SCAN	0	11,389	87,524	98,913	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	115,769	81,202	196,971	59.00
60.00	06000	LABORATORY	0	78,136	103,363	181,499	60.00
64.00	06400	INTRAVENOUS THERAPY	0	17,047	2,977	20,024	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,767	1,011	11,778	65.00
66.00	06600	PHYSICAL THERAPY	0	2,230	17,112	19,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,055	1,055	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,108	4,108	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,483	325,350	373,833	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	25,297	25,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,674	8,674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	497	497	73.00
73.01	07301	RETAIL PHARMACY	0	3,577	0	3,577	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	4,421	4,421	76.02
76.03	03020	PICC LINE TEAM	0	474	0	474	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	42,231	0	42,231	90.01
90.02	09002	PAIN MANAGEMENT	0	35,022	14,173	49,195	90.02
91.00	09100	EMERGENCY	0	163,305	28,127	191,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	86,469	9,705	96,174	116.00
116.01	11601	HOSPICE II	0	0	0	0	116.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	2.00				2A
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,953,018	3,736,751	7,779,231	13,469,000	29,956	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,149	0	17,149	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	27,173	1,650,910	1,678,083	22	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MEDICAL BUILDING AND OTHER	0	10,423	27,184	37,607	46	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	8,454	0	8,454	0	194.02
194.03	07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954 SNF CLOSING EXP	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,953,018	3,799,950	9,457,325	15,210,293	30,024	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 18-0102		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/22/2018 3:35 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE	
			5.01	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	4,476					5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00550	DATA PROCESSING	70	0	70			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	580	0	0	3,161,043		5.05
5.06	00570	ADMINISTRATIVE	104	0	0	234	6,884	5.06
6.00	00600	MAINTENANCE & REPAIRS	120	0	0	166,500	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	23	0	0	47,471	0	9.00
10.00	01000	DIETARY	77	0	0	14,668	0	10.00
11.00	01100	CAFETERIA	15	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	89	0	0	37,014	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4	0	0	33,906	0	14.00
15.00	01500	PHARMACY	62	0	0	60,206	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	135	0	0	135	0	16.00
17.00	01700	SOCIAL SERVICE	166	0	0	29,375	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	9,619	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	472	0	0	384,443	403	30.00
31.00	03100	INTENSIVE CARE UNIT	46	0	0	60,355	68	31.00
32.00	03200	CORONARY CARE UNIT	31	0	0	42,281	51	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	27,643	26	40.00
41.00	04100	SUBPROVIDER - IRF	112	0	0	36,968	37	41.00
43.00	04300	NURSERY	50	0	0	6,406	3	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	158	0	70	253,983	1,268	50.00
50.01	05001	REHAB MEDICINE	8	0	0	25,829	41	50.01
51.00	05100	RECOVERY ROOM	23	0	0	14,184	44	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,809	13	52.00
53.00	05300	ANESTHESIOLOGY	4	0	0	6,123	104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	193	0	0	81,969	510	54.00
54.01	03630	ULTRA SOUND	8	0	0	10,411	68	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8	0	0	18,663	125	56.01
57.00	05700	CT SCAN	12	0	0	22,749	311	57.00
59.00	05900	CARDIAC CATHETERIZATION	162	0	0	56,148	266	59.00
60.00	06000	LABORATORY	240	0	0	139,613	446	60.00
64.00	06400	INTRAVENOUS THERAPY	4	0	0	9,698	25	64.00
65.00	06500	RESPIRATORY THERAPY	19	0	0	32,646	176	65.00
66.00	06600	PHYSICAL THERAPY	4	0	0	25,552	33	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	0	0	7,062	9	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	5,902	11	68.00
69.00	06900	ELECTROCARDIOLOGY	54	0	0	39,137	264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43	0	0	13,577	63	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	190,907	198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	383,721	830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	265,325	665	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	43,854	0	73.01
74.00	07400	RENAL DIALYSIS	12	0	0	19,710	21	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	27	0	0	24,943	77	76.02
76.03	03020	PICC LINE TEAM	0	0	0	888	13	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	7,211	15	90.01
90.02	09002	PAIN MANAGEMENT	73	0	0	32,545	142	90.02
91.00	09100	EMERGENCY	147	0	0	83,057	558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	2,940	0	95.00
101.00	10100	HOME HEALTH AGENCY	228	0	0	140,330	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	174	0	0	156,287	0	116.00
116.01	11601	HOSPICE II	0	0	0	13,305	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,800	0	70	3,114,302	6,884	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	342	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE	
			5.01	5.03	5.04	5.05	5.06	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	40,481	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	5,056	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	676	0	0	670	0	194.01
194.02	07952	FOUNDATION	0	0	0	192	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,476	0	70	3,161,043	6,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description			MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMINITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS	453,546					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	4,074	0	78,214			9.00
10.00	01000	DIETARY	15,822	0	0	129,855		10.00
11.00	01100	CAFETERIA	6,780	0	0	94,294	144,028	11.00
13.00	01300	NURSING ADMINISTRATION	1,874	0	341	0	3,306	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,279	0	1,323	0	0	14.00
15.00	01500	PHARMACY	4,690	0	853	0	5,110	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	743	0	128	0	2,574	17.00
18.00	01850	PATIENT TRANSPORT	1,088	0	213	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,794	0	24,238	26,252	42,712	30.00
31.00	03100	INTENSIVE CARE UNIT	17,863	0	3,286	1,928	5,761	31.00
32.00	03200	CORONARY CARE UNIT	12,200	0	2,262	1,425	4,240	32.00
40.00	04000	SUBPROVIDER - IPF	11,099	0	2,048	1,480	3,228	40.00
41.00	04100	SUBPROVIDER - IRF	23,911	0	4,395	4,476	3,897	41.00
43.00	04300	NURSERY	569	0	85	0	527	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,283	0	10,539	0	14,934	50.00
50.01	05001	REHAB MEDICINE	7,379	0	1,365	0	2,512	50.01
51.00	05100	RECOVERY ROOM	6,567	0	1,195	0	1,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,160	0	768	0	2,302	52.00
53.00	05300	ANESTHESIOLOGY	645	0	128	0	187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,384	0	5,035	0	7,839	54.00
54.01	03630	ULTRA SOUND	479	0	85	0	751	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,656	0	299	0	533	56.01
57.00	05700	CT SCAN	1,817	0	341	0	1,599	57.00
59.00	05900	CARDIAC CATHETERIZATION	18,474	0	3,414	0	4,109	59.00
60.00	06000	LABORATORY	12,468	0	2,304	0	8,686	60.00
64.00	06400	INTRAVENOUS THERAPY	2,720	0	512	0	656	64.00
65.00	06500	RESPIRATORY THERAPY	1,718	0	299	0	3,438	65.00
66.00	06600	PHYSICAL THERAPY	356	0	85	0	2,582	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	492	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	416	68.00
69.00	06900	ELECTROCARDIOLOGY	7,737	0	1,408	0	3,281	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,395	70.00
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
73.01	07301	RETAIL PHARMACY	571	0	85	0	418	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	0	0	2,099	76.02
76.03	03020	PICC LINE TEAM	76	0	0	0	294	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	6,739	0	1,237	0	504	90.01
90.02	09002	PAIN MANAGEMENT	5,589	0	1,024	0	3,045	90.02
91.00	09100	EMERGENCY	26,059	0	4,779	0	8,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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	13,798	0	2,518	0	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	443,461	0	76,592	129,855	143,061	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,737	0	512	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
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Cost Center Description			MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,336	0	811	0	368	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,663	0	299	0	599	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	1,349	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	453,546	0	78,214	129,855	144,028	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00550						5.04
5.05	00591						5.05
5.06	00570						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	320,378					13.00
14.00	01400	0	88,136				14.00
15.00	01500	5	411	102,397			15.00
16.00	01600	0	0	0	270		16.00
17.00	01700	8,586	4	0	0	51,606	17.00
18.00	01850	0	13	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	130,077	2,062	0	104	38,291	30.00
31.00	03100	27,918	602	0	8	1,426	31.00
32.00	03200	22,077	307	0	6	1,426	32.00
40.00	04000	7,231	21	0	0	0	40.00
41.00	04100	9,655	122	0	13	0	41.00
43.00	04300	0	0	0	2	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,819	16,829	0	26	0	50.00
50.01	05001	1,113	18	0	0	0	50.01
51.00	05100	5,823	111	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	653	0	0	0	53.00
54.00	05400	2,843	3,109	0	44	0	54.00
54.01	03630	0	40	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	03450	0	67	0	0	0	56.01
57.00	05700	1,031	384	0	0	0	57.00
59.00	05900	11,218	4,084	0	10	0	59.00
60.00	06000	0	4,785	0	23	0	60.00
64.00	06400	3,710	86	0	0	0	64.00
65.00	06500	0	646	0	4	0	65.00
66.00	06600	7	12	0	0	0	66.00
67.00	06700	0	0	0	1	0	67.00
68.00	06800	0	6	0	1	0	68.00
69.00	06900	4,102	84	0	10	0	69.00
70.00	07000	0	48	0	4	0	70.00
71.00	07100	0	20,697	0	0	0	71.00
72.00	07200	0	29,769	0	0	0	72.00
73.00	07300	0	0	102,397	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	39	0	0	0	74.00
76.00	03951	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03030	7,157	167	0	0	0	76.02
76.03	03020	1,585	330	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	1,419	2	0	0	0	90.01
90.02	09002	9,828	369	0	0	0	90.02
91.00	09100	32,174	1,068	0	14	10,463	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	7	0	0	0	95.00
101.00	10100	0	622	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	487	0	0	0	116.00
116.01	11601	0	61	0	0	0	116.01
118.00		320,378	88,122	102,397	270	51,606	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MEDICAL BUILDING AND OTHER	0	14	0	0	0	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954 SNF CLOSING EXP	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	320,378	88,136	102,397	270	51,606	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/22/2018 3:35 pm
Cost Center Description		OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00550	DATA PROCESSING				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL				5.05
5.06	00570	ADMITTING				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
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
18.00	01850	PATIENT TRANSPORT	17,752			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,109	1,697,831	0	30.00
31.00	03100	INTENSIVE CARE UNIT	186	244,054	0	31.00
32.00	03200	CORONARY CARE UNIT	139	268,679	0	32.00
40.00	04000	SUBPROVIDER - I PF	73	122,896	0	40.00
41.00	04100	SUBPROVIDER - I RF	103	236,333	0	41.00
43.00	04300	NURSERY	8	11,315	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,303	6,263,632	0	50.00
50.01	05001	REHAB MEDICINE	113	87,455	0	50.01
51.00	05100	RECOVERY ROOM	122	128,224	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35	62,594	0	52.00
53.00	05300	ANESTHESIOLOGY	286	22,672	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,404	652,303	0	54.00
54.01	03630	ULTRA SOUND	187	79,777	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	345	50,439	0	56.01
57.00	05700	CT SCAN	855	128,318	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	732	296,371	0	59.00
60.00	06000	LABORATORY	1,226	352,482	0	60.00
64.00	06400	INTRAVENOUS THERAPY	68	37,655	0	64.00
65.00	06500	RESPIRATORY THERAPY	483	51,718	0	65.00
66.00	06600	PHYSICAL THERAPY	92	48,530	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	24	8,816	0	67.00
68.00	06800	SPEECH PATHOLOGY	31	10,596	0	68.00
69.00	06900	ELECTROCARDIOLOGY	726	431,209	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173	40,814	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	544	221,020	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,283	416,603	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,830	370,714	0	73.00
73.01	07301	RETAIL PHARMACY	0	48,605	0	73.01
74.00	07400	RENAL DIALYSIS	57	19,839	0	74.00
76.00	03951	DIABETES	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	76.01
76.02	03030	WOUND CARE	212	39,380	0	76.02
76.03	03020	PICC LINE TEAM	37	3,728	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	42	59,523	0	90.01
90.02	09002	PAIN MANAGEMENT	389	102,718	0	90.02
91.00	09100	EMERGENCY	1,535	361,008	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	2,947	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	143,449	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	271,109	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		PATIENT TRANSPORT					
		18.00	24.00	25.00	26.00		
116.01	11601	HOSPICE II	0	13,471	0	13,471	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,752	13,408,827	0	13,408,827	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,740	0	20,740	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,724,101	0	1,724,101	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	45,284	0	45,284	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	1,346	0	1,346	194.01
194.02	07952	FOUNDATION	0	9,995	0	9,995	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,752	15,210,293	0	15,210,293	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.03				
GENERAL SERVICE COST CENTERS									
1.00 00100	CAP REL COSTS-BLDG & FIXT	409,047							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,984,643						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,165	328	58,524,303					4.00
5.01 00540	NONPATIENT TELEPHONES	471	0	196,606		1,158			5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0		0	3,461,118		5.03
5.04 00550	DATA PROCESSING	0	0	0		18	0		5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	72,537	279,870	5,063,418		150	368,331		5.05
5.06 00570	ADMINISTRATIVE	0	3,450	0		27	0		5.06
6.00 00600	MAINTENANCE & REPAIRS	26,920	19,281	515,333		31	693,259		6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0		0	0		8.00
9.00 00900	HOUSEKEEPING	2,748	589	0		6	167,699		9.00
10.00 01000	DIETARY	10,673	0	268,846		20	1,232,803		10.00
11.00 01100	CAFETERIA	4,574	0	873,518		4	0		11.00
13.00 01300	NURSING ADMINISTRATION	1,264	139,898	1,140,737		23	14,057		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,910	0	20,889		1	7,186		14.00
15.00 01500	PHARMACY	3,164	274	2,235,620		16	39,237		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0		35	0		16.00
17.00 01700	SOCIAL SERVICE	501	2,580	938,255		43	5,066		17.00
18.00 01850	PATIENT TRANSPORT	734	0	0		0	4,445		18.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	88,907	44,323	11,418,013		122	191,486		30.00
31.00 03100	INTENSIVE CARE UNIT	12,050	6,143	1,968,390		12	28,727		31.00
32.00 03200	CORONARY CARE UNIT	8,230	55,391	1,337,066		8	10,571		32.00
40.00 04000	SUBPROVIDER - IPF	7,487	0	965,657		0	16,996		40.00
41.00 04100	SUBPROVIDER - IRF	16,130	1,151	1,200,108		29	13,508		41.00
43.00 04300	NURSERY	384	0	190,402		13	0		43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0		0	0		44.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	38,642	2,905,374	4,098,815		41	176,317		50.00
50.01 05001	REHAB MEDICINE	4,978	1,255	880,633		2	9,009		50.01
51.00 05100	RECOVERY ROOM	4,430	30,343	404,237		6	4,370		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,806	0	857,004		0	0		52.00
53.00 05300	ANESTHESIOLOGY	435	5,527	29,289		1	5,835		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,473	184,097	2,099,637		50	49,336		54.00
54.01 03630	ULTRASOUND	323	34,047	292,673		2	3,294		54.01
56.00 05600	RADIOISOTOPE	0	0	0		0	0		56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,117	9,615	241,379		2	1,289		56.01
57.00 05700	CT SCAN	1,226	46,131	595,623		3	701		57.00
59.00 05900	CARDIAC CATHETERIZATION	12,462	42,799	1,526,405		42	26,597		59.00
60.00 06000	LABORATORY	8,411	54,479	2,323,099		62	39,839		60.00
64.00 06400	INTRAVENOUS THERAPY	1,835	1,569	296,293		1	12,566		64.00
65.00 06500	RESPIRATORY THERAPY	1,159	533	995,960		5	9,177		65.00
66.00 06600	PHYSICAL THERAPY	240	9,019	905,556		1	7,953		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	556	262,163		10	273		67.00
68.00 06800	SPEECH PATHOLOGY	0	2,165	227,590		1	922		68.00
69.00 06900	ELECTROCARDIOLOGY	5,219	171,481	1,116,621		14	9,314		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	13,333	417,832		11	11,558		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,572	0		0	1,040		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	262	0		0	0		73.00
73.01 07301	RETAIL PHARMACY	385	0	194,056		0	5,269		73.01
74.00 07400	RENAL DIALYSIS	0	0	0		3	366		74.00
76.00 03951	DIABETES	0	0	0		0	0		76.00
76.01 03950	LITHIUM THERAPY	0	0	0		0	0		76.01
76.02 03030	WOUND CARE	0	2,330	540,074		7	16,013		76.02
76.03 03020	PICC LINE TEAM	51	0	59,635		0	350		76.03
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	0	0	0		0	0		90.00
90.01 09001	PARTIAL HOSPITAL PRG	4,546	0	240,401		0	4,210		90.01
90.02 09002	PAIN MANAGEMENT	3,770	7,470	1,011,515		19	31,124		90.02
91.00 09100	EMERGENCY	17,579	14,825	2,558,192		38	81,373		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)								92.00
OTHER REIMBURSABLE COST CENTERS									
95.00 09500	AMBULANCE SERVICES	0	0	0		0	1,600		95.00
101.00 10100	HOME HEALTH AGENCY	0	0	4,423,012		59	50,670		101.00
SPECIAL PURPOSE COST CENTERS									
113.00 11300	INTEREST EXPENSE								113.00
116.00 11600	HOSPICE	9,308	5,115	3,256,830		45	55,411		116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.03	
116.01	11601	HOSPICE II	0	0	204,986	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	402,244	4,100,175	58,392,368	983	3,409,147	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,925	870,140	42,433	0	2,234	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,122	14,328	89,502	0	48,736	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	175	0	194.01
194.02	07952	FOUNDATION	910	0	0	0	1,001	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	3,799,950	9,457,325	15,995,830	222,565	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.289764	1.897292	0.273319	192.197755	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			30,024	4,476	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000513	3.865285	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		DATA PROCESSING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMINITTING (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.04	5A.05	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	DATA PROCESSING	834,884,064				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-31,236,674	158,697,395		5.05
5.06	00570	ADMINITTING	0	0	11,735	812,020,779	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,358,851	0	305,954
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	2,383,226	0	2,748
10.00	01000	DIETARY	0	0	736,390	0	10,673
11.00	01100	CAFETERIA	0	-1,543,888	0	0	4,574
13.00	01300	NURSING ADMINISTRATION	0	0	1,858,218	0	1,264
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,702,173	0	4,910
15.00	01500	PHARMACY	0	0	3,022,521	0	3,164
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,789	0	0
17.00	01700	SOCIAL SERVICE	0	0	1,474,702	0	501
18.00	01850	PATIENT TRANSPORT	0	0	482,925	0	734
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,410,207	0	19,302,939	50,410,207	88,907
31.00	03100	INTENSIVE CARE UNIT	8,441,430	0	3,030,024	8,441,430	12,050
32.00	03200	CORONARY CARE UNIT	6,335,860	0	2,122,641	6,335,860	8,230
40.00	04000	SUBPROVIDER - I/PF	3,300,762	0	1,387,770	3,300,762	7,487
41.00	04100	SUBPROVIDER - I/RF	4,659,373	0	1,855,932	4,659,373	16,130
43.00	04300	NURSERY	365,415	0	321,600	365,415	384
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	109,889,894	0	12,750,791	109,889,894	38,642
50.01	05001	REHAB MEDICINE	5,117,237	0	1,296,711	5,117,237	4,978
51.00	05100	RECOVERY ROOM	5,559,345	0	712,089	5,559,345	4,430
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,595,270	0	1,446,298	1,595,270	2,806
53.00	05300	ANESTHESIOLOGY	12,985,564	0	307,377	12,985,564	435
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,795,512	0	4,115,140	63,795,512	18,473
54.01	03630	ULTRA SOUND	8,492,707	0	522,647	8,492,707	323
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15,662,303	0	936,930	15,662,303	1,117
57.00	05700	CT SCAN	38,883,771	0	1,142,096	38,883,771	1,226
59.00	05900	CARDIAC CATHETERIZATION	33,283,614	0	2,818,823	33,283,614	12,462
60.00	06000	LABORATORY	55,747,338	0	7,009,035	55,747,338	8,411
64.00	06400	INTRAVENOUS THERAPY	3,078,404	0	486,888	3,078,404	1,835
65.00	06500	RESPIRATORY THERAPY	21,947,712	0	1,638,955	21,947,712	1,159
66.00	06600	PHYSICAL THERAPY	4,177,480	0	1,282,779	4,177,480	240
67.00	06700	OCCUPATIONAL THERAPY	1,105,337	0	354,511	1,105,337	0
68.00	06800	SPEECH PATHOLOGY	1,398,904	0	296,304	1,398,904	0
69.00	06900	ELECTROCARDIOLOGY	32,998,104	0	1,964,818	32,998,104	5,219
70.00	07000	ELECTROENCEPHALOGRAPHY	7,871,763	0	681,602	7,871,763	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,749,286	0	9,584,153	24,749,286	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,761,385	0	19,264,059	103,761,385	0
73.00	07300	DRUGS CHARGED TO PATIENTS	83,179,750	0	13,320,199	83,179,750	0
73.01	07301	RETAIL PHARMACY	0	0	2,201,635	0	385
74.00	07400	RENAL DIALYSIS	2,572,398	0	989,486	2,572,398	0
76.00	03951	DIABETES	0	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0	0
76.02	03030	WOUNDCARE	9,617,764	0	1,252,215	9,617,764	0
76.03	03020	PICC LINE TEAM	1,678,988	0	44,578	1,678,988	51
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	1,894,112	0	361,994	1,894,112	4,546
90.02	09002	PAIN MANAGEMENT	17,700,620	0	1,633,864	17,700,620	3,770
91.00	09100	EMERGENCY	69,763,170	0	4,169,748	69,763,170	17,579
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	147,615	0	0
101.00	10100	HOME HEALTH AGENCY	10,289,368	0	7,045,036	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	10,761,042	0	7,846,125	0	9,308
116.01	11601	HOSPICE II	1,812,875	0	667,957	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	834,884,064	-32,780,562	156,350,894	812,020,779	299,151

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		DATA PROCESSING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMINISTRATIVE (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)		
		5.04	5A.05	5.05	5.06	6.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	17,149	0	1,846	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,032,259	0	2,925	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	253,810	0	1,122	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	33,634	0	0	194.01
194.02	07952	FOUNDATION	0	0	9,649	0	910	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	3,460		31,236,674	14,045	10,004,140	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000004		0.196832	0.000017	32.698183	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70		3,161,043	6,884	453,546	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.019919	0.000008	1.482399	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	DATA PROCESSING					5.04	
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05	
5.06	00570	ADMITTING					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0				8.00	
9.00	00900	HOUSEKEEPING	0	1,833			9.00	
10.00	01000	DIETARY	0	0	480,536		10.00	
11.00	01100	CAFETERIA	0	0	348,942	74,022	11.00	
13.00	01300	NURSING ADMINISTRATION	0	8	0	1,699	536,623	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31	0	0	0	14.00
15.00	01500	PHARMACY	0	20	0	2,626	9	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3	0	1,323	14,381	17.00
18.00	01850	PATIENT TRANSPORT	0	5	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	568	97,146	21,951	217,876	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77	7,136	2,961	46,762	31.00
32.00	03200	CORONARY CARE UNIT	0	53	5,274	2,179	36,978	32.00
40.00	04000	SUBPROVIDER - IPF	0	48	5,476	1,659	12,112	40.00
41.00	04100	SUBPROVIDER - IRF	0	103	16,562	2,003	16,171	41.00
43.00	04300	NURSERY	0	2	0	271	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	247	0	7,675	54,971	50.00
50.01	05001	REHAB MEDICINE	0	32	0	1,291	1,864	50.01
51.00	05100	RECOVERY ROOM	0	28	0	629	9,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18	0	1,183	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3	0	96	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118	0	4,029	4,762	54.00
54.01	03630	ULTRA SOUND	0	2	0	386	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7	0	274	0	56.01
57.00	05700	CT SCAN	0	8	0	822	1,727	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	80	0	2,112	18,790	59.00
60.00	06000	LABORATORY	0	54	0	4,464	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12	0	337	6,214	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	1,767	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2	0	1,327	12	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	253	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	214	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33	0	1,686	6,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	717	0	70.00
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
73.01	07301	RETAIL PHARMACY	0	2	0	215	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	0	1,079	11,988	76.02
76.03	03020	PICC LINE TEAM	0	0	0	151	2,655	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	29	0	259	2,376	90.01
90.02	09002	PAIN MANAGEMENT	0	24	0	1,565	16,462	90.02
91.00	09100	EMERGENCY	0	112	0	4,322	53,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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	59	0	0	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,795	480,536	73,525	536,623	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19	0	189	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	7	0	308	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	194.04
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	2,942,176	1,230,323	2,586,851	2,337,522
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1,605.115112	2.560314	34.947056	4.355985
204.00		Cost to be allocated (per Wkst. B, Part II)	0	78,214	129,855	144,028	320,378
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	42.669940	0.270229	1.945746	0.597026
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00550 DATA PROCESSING						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 00570 ADMITTING						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	38,067,988					14.00
15.00 01500 PHARMACY	177,353	100				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	5,938			16.00
17.00 01700 SOCIAL SERVICE	1,677	0	0	27,062		17.00
18.00 01850 PATIENT TRANSPORT	5,672	0	0	0	812,020,779	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	890,736	0	2,314	20,079	50,410,207	30.00
31.00 03100 INTENSIVE CARE UNIT	259,908	0	172	748	8,441,430	31.00
32.00 03200 CORONARY CARE UNIT	132,522	0	125	748	6,335,860	32.00
40.00 04000 SUBPROVIDER - I PF	9,173	0	0	0	3,300,762	40.00
41.00 04100 SUBPROVIDER - I RF	52,718	0	296	0	4,659,373	41.00
43.00 04300 NURSERY	0	0	44	0	365,415	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,269,648	0	571	0	109,889,894	50.00
50.01 05001 REHAB MEDICINE	7,579	0	0	0	5,117,237	50.01
51.00 05100 RECOVERY ROOM	47,846	0	0	0	5,559,345	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,595,270	52.00
53.00 05300 ANESTHESIOLOGY	282,092	0	0	0	12,985,564	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,342,865	0	958	0	63,795,512	54.00
54.01 03630 ULTRA SOUND	17,259	0	0	0	8,492,707	54.01
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	29,103	0	0	0	15,662,303	56.01
57.00 05700 CT SCAN	165,671	0	0	0	38,883,771	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,764,209	0	212	0	33,283,614	59.00
60.00 06000 LABORATORY	2,067,114	0	503	0	55,747,338	60.00
64.00 06400 INTRAVENOUS THERAPY	37,268	0	0	0	3,078,404	64.00
65.00 06500 RESPIRATORY THERAPY	279,148	0	92	0	21,947,712	65.00
66.00 06600 PHYSICAL THERAPY	5,120	0	0	0	4,177,480	66.00
67.00 06700 OCCUPATIONAL THERAPY	140	0	16	0	1,105,337	67.00
68.00 06800 SPEECH PATHOLOGY	2,420	0	13	0	1,398,904	68.00
69.00 06900 ELECTROCARDIOLOGY	36,326	0	217	0	32,998,104	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	20,754	0	95	0	7,871,763	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,940,347	0	0	0	24,749,286	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12,855,795	0	0	0	103,761,385	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	100	0	0	83,179,750	73.00
73.01 07301 RETAIL PHARMACY	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	17,057	0	0	0	2,572,398	74.00
76.00 03951 DIABETES	0	0	0	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	0	0	0	76.01
76.02 03030 WOUNDCARE	72,062	0	0	0	9,617,764	76.02
76.03 03020 PICC LINE TEAM	142,383	0	0	0	1,678,988	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	739	0	0	0	1,894,112	90.01
90.02 09002 PAIN MANAGEMENT	159,392	0	0	0	17,700,620	90.02
91.00 09100 EMERGENCY	461,423	0	310	5,487	69,763,170	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	3,030	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	268,779	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	210,195	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
		14.00	15.00	16.00	17.00	18.00	
116.01	11601 HOSPI CE II	26,251	0	0	0	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	38,061,774	100	5,938	27,062	812,020,779	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	74	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MEDICAL BUILDING AND OTHER	6,140	0	0	0	0	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	2,247,522	3,855,290	8,125	1,895,145	610,341	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.059040	38,552.900000	1.368306	70.029747	0.000752	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	88,136	102,397	270	51,606	17,752	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002315	1,023.970000	0.045470	1.906954	0.000022	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		30,386,682	0	30,386,682	30.00
31.00	03100	INTENSIVE CARE UNIT		4,543,934	0	4,543,934	31.00
32.00	03200	CORONARY CARE UNIT		3,210,601	0	3,210,601	32.00
40.00	04000	SUBPROVIDER - I/PF		2,110,622	0	2,110,622	40.00
41.00	04100	SUBPROVIDER - I/RF		3,103,932	0	3,103,932	41.00
43.00	04300	NURSERY		410,479	0	410,479	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		17,942,637	0	17,942,637	50.00
50.01	05001	REHAB MEDICINE		1,823,700	0	1,823,700	50.01
51.00	05100	RECOVERY ROOM		1,113,614	0	1,113,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,894,188	0	1,894,188	52.00
53.00	05300	ANESTHESIOLOGY		416,914	0	416,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,009,767	0	6,009,767	54.00
54.01	03630	ULTRA SOUND		660,333	0	660,333	54.01
56.00	05600	RADIOISOTOPE		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		1,192,445	0	1,192,445	56.01
57.00	05700	CT SCAN		1,495,758	0	1,495,758	57.00
59.00	05900	CARDIAC CATHETERIZATION		4,195,253	0	4,195,253	59.00
60.00	06000	LABORATORY		9,071,941	0	9,071,941	60.00
64.00	06400	INTRAVENOUS THERAPY		705,397	0	705,397	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,105,923	0	2,105,923	65.00
66.00	06600	PHYSICAL THERAPY	0	1,596,270	0	1,596,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	434,012	0	434,012	67.00
68.00	06800	SPEECH PATHOLOGY	0	363,342	0	363,342	68.00
69.00	06900	ELECTROCARDIOLOGY		2,691,843	0	2,691,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		848,229	0	848,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		12,017,491	0	12,017,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		23,894,629	0	23,894,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		19,861,295	0	19,861,295	73.00
73.01	07301	RETAIL PHARMACY		2,658,300	0	2,658,300	73.01
74.00	07400	RENAL DIALYSIS		1,187,234	0	1,187,234	74.00
76.00	03951	DIABETES		0	0	0	76.00
76.01	03950	LITHOTRIPTOR		0	0	0	76.01
76.02	03030	WOUND CARE		1,600,271	0	1,600,271	76.02
76.03	03020	PICC LINE TEAM		81,560	0	81,560	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG		649,341	0	649,341	90.01
90.02	09002	PAIN MANAGEMENT		2,266,679	0	2,266,679	90.02
91.00	09100	EMERGENCY		6,596,414	0	6,596,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		2,330,918	0	2,330,918	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		176,849	0	176,849	95.00
101.00	10100	HOME HEALTH AGENCY		8,447,594	0	8,447,594	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		9,801,960		9,801,960	116.00
116.01	11601	HOSPICE II		800,982		800,982	116.01
200.00		Subtotal (see instructions)	0	190,699,333	0	190,699,333	200.00
201.00		Less Observation Beds		2,330,918		2,330,918	201.00
202.00		Total (see instructions)	0	188,368,415	0	188,368,415	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,271,681		49,271,681		30.00
31.00	03100	INTENSIVE CARE UNIT	9,365,586		9,365,586		31.00
32.00	03200	CORONARY CARE UNIT	5,742,830		5,742,830		32.00
40.00	04000	SUBPROVIDER - I/PF	4,014,268		4,014,268		40.00
41.00	04100	SUBPROVIDER - I/RF	5,584,726		5,584,726		41.00
43.00	04300	NURSERY	410,780		410,780		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	62,842,567	48,274,536	111,117,103	0.161475	50.00
50.01	05001	REHAB MEDICINE	6,257,394	2,240	6,259,634	0.291343	50.01
51.00	05100	RECOVERY ROOM	2,617,516	2,670,959	5,288,475	0.210574	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,839,316	9,615	1,848,931	1.024477	52.00
53.00	05300	ANESTHESIOLOGY	7,901,708	6,199,284	14,100,992	0.029566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,996,971	53,870,018	68,866,989	0.087266	54.00
54.01	03630	ULTRA SOUND	1,813,706	8,542,275	10,355,981	0.063763	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,425,389	15,481,396	17,906,785	0.066592	56.01
57.00	05700	CT SCAN	14,063,094	31,706,727	45,769,821	0.032680	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,790,751	22,918,250	35,709,001	0.117484	59.00
60.00	06000	LABORATORY	32,492,600	32,913,401	65,406,001	0.138702	60.00
64.00	06400	INTRAVENOUS THERAPY	38,782	4,495,234	4,534,016	0.155579	64.00
65.00	06500	RESPIRATORY THERAPY	19,702,935	2,195,390	21,898,325	0.096168	65.00
66.00	06600	PHYSICAL THERAPY	3,052,715	1,781,730	4,834,445	0.330187	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,319,947	209,497	1,529,444	0.283771	67.00
68.00	06800	SPEECH PATHOLOGY	1,535,361	566,077	2,101,438	0.172902	68.00
69.00	06900	ELECTROCARDIOLOGY	9,136,851	26,725,010	35,861,861	0.075061	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	751,233	8,474,663	9,225,896	0.091940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,528,863	11,250,949	22,779,812	0.527550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,117,203	21,375,767	113,492,970	0.210538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,667,782	66,825,381	105,493,163	0.188271	73.00
73.01	07301	RETAIL PHARMACY	0	2,135,200	2,135,200	1.244989	73.01
74.00	07400	RENAL DIALYSIS	2,236,820	1,087,258	3,324,078	0.357162	74.00
76.00	03951	DIABETES	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	76.01
76.02	03030	WOUND CARE	68,763	7,014,247	7,083,010	0.225931	76.02
76.03	03020	PICC LINE TEAM	1,660,939	160,640	1,821,579	0.044774	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	47,471	2,632,300	2,679,771	0.242312	90.01
90.02	09002	PAIN MANAGEMENT	49,495	20,208,568	20,258,063	0.111890	90.02
91.00	09100	EMERGENCY	14,274,467	44,897,303	59,171,770	0.111479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	480,711	2,541,488	3,022,199	0.771266	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,711,160	10,711,160		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,329,770	8,978,892	10,308,662		116.00
116.01	11601	HOSPICE II	0	1,877,579	1,877,579		116.01
200.00		Subtotal (see instructions)	432,430,991	468,733,034	901,164,025		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	432,430,991	468,733,034	901,164,025		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/22/2018 3:35 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.161475		50.00
50.01	05001	REHAB MEDICINE	0.291343		50.01
51.00	05100	RECOVERY ROOM	0.210574		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024477		52.00
53.00	05300	ANESTHESIOLOGY	0.029566		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087266		54.00
54.01	03630	ULTRA SOUND	0.063763		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066592		56.01
57.00	05700	CT SCAN	0.032680		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.117484		59.00
60.00	06000	LABORATORY	0.138702		60.00
64.00	06400	INTRAVENOUS THERAPY	0.155579		64.00
65.00	06500	RESPIRATORY THERAPY	0.096168		65.00
66.00	06600	PHYSICAL THERAPY	0.330187		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283771		67.00
68.00	06800	SPEECH PATHOLOGY	0.172902		68.00
69.00	06900	ELECTROCARDIOLOGY	0.075061		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091940		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.527550		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210538		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188271		73.00
73.01	07301	RETAIL PHARMACY	1.244989		73.01
74.00	07400	RENAL DIALYSIS	0.357162		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUND CARE	0.225931		76.02
76.03	03020	PICC LINE TEAM	0.044774		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.242312		90.01
90.02	09002	PAIN MANAGEMENT	0.111890		90.02
91.00	09100	EMERGENCY	0.111479		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.771266		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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
116.01	11601	HOSPICE II			116.01
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: 18-0102

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,386,682		30,386,682	0	30,386,682	30.00
31.00	03100	INTENSIVE CARE UNIT	4,543,934		4,543,934	0	4,543,934	31.00
32.00	03200	CORONARY CARE UNIT	3,210,601		3,210,601	0	3,210,601	32.00
40.00	04000	SUBPROVIDER - I/PF	2,110,622		2,110,622	0	2,110,622	40.00
41.00	04100	SUBPROVIDER - I/RF	3,103,932		3,103,932	0	3,103,932	41.00
43.00	04300	NURSERY	410,479		410,479	0	410,479	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,942,637		17,942,637	0	17,942,637	50.00
50.01	05001	REHAB MEDICINE	1,823,700		1,823,700	0	1,823,700	50.01
51.00	05100	RECOVERY ROOM	1,113,614		1,113,614	0	1,113,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,894,188		1,894,188	0	1,894,188	52.00
53.00	05300	ANESTHESIOLOGY	416,914		416,914	0	416,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,009,767		6,009,767	0	6,009,767	54.00
54.01	03630	ULTRA SOUND	660,333		660,333	0	660,333	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,192,445		1,192,445	0	1,192,445	56.01
57.00	05700	CT SCAN	1,495,758		1,495,758	0	1,495,758	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,195,253		4,195,253	0	4,195,253	59.00
60.00	06000	LABORATORY	9,071,941		9,071,941	0	9,071,941	60.00
64.00	06400	INTRAVENOUS THERAPY	705,397		705,397	0	705,397	64.00
65.00	06500	RESPIRATORY THERAPY	2,105,923	0	2,105,923	0	2,105,923	65.00
66.00	06600	PHYSICAL THERAPY	1,596,270	0	1,596,270	0	1,596,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	434,012	0	434,012	0	434,012	67.00
68.00	06800	SPEECH PATHOLOGY	363,342	0	363,342	0	363,342	68.00
69.00	06900	ELECTROCARDIOLOGY	2,691,843		2,691,843	0	2,691,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	848,229		848,229	0	848,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,017,491		12,017,491	0	12,017,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,894,629		23,894,629	0	23,894,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,861,295		19,861,295	0	19,861,295	73.00
73.01	07301	RETAIL PHARMACY	2,658,300		2,658,300	0	2,658,300	73.01
74.00	07400	RENAL DIALYSIS	1,187,234		1,187,234	0	1,187,234	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
76.02	03030	WOUND CARE	1,600,271		1,600,271	0	1,600,271	76.02
76.03	03020	PICC LINE TEAM	81,560		81,560	0	81,560	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	649,341		649,341	0	649,341	90.01
90.02	09002	PAIN MANAGEMENT	2,266,679		2,266,679	0	2,266,679	90.02
91.00	09100	EMERGENCY	6,596,414		6,596,414	0	6,596,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,330,918		2,330,918	0	2,330,918	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	176,849		176,849	0	176,849	95.00
101.00	10100	HOME HEALTH AGENCY	8,447,594		8,447,594	0	8,447,594	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,801,960		9,801,960	0	9,801,960	116.00
116.01	11601	HOSPICE II	800,982		800,982	0	800,982	116.01
200.00		Subtotal (see instructions)	190,699,333	0	190,699,333	0	190,699,333	200.00
201.00		Less Observation Beds	2,330,918		2,330,918	0	2,330,918	201.00
202.00		Total (see instructions)	188,368,415	0	188,368,415	0	188,368,415	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,271,681		49,271,681		30.00
31.00	03100	INTENSIVE CARE UNIT	9,365,586		9,365,586		31.00
32.00	03200	CORONARY CARE UNIT	5,742,830		5,742,830		32.00
40.00	04000	SUBPROVIDER - I/PF	4,014,268		4,014,268		40.00
41.00	04100	SUBPROVIDER - I/RF	5,584,726		5,584,726		41.00
43.00	04300	NURSERY	410,780		410,780		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	62,842,567	48,274,536	111,117,103	0.161475	50.00
50.01	05001	REHAB MEDICINE	6,257,394	2,240	6,259,634	0.291343	50.01
51.00	05100	RECOVERY ROOM	2,617,516	2,670,959	5,288,475	0.210574	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,839,316	9,615	1,848,931	1.024477	52.00
53.00	05300	ANESTHESIOLOGY	7,901,708	6,199,284	14,100,992	0.029566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,996,971	53,870,018	68,866,989	0.087266	54.00
54.01	03630	ULTRA SOUND	1,813,706	8,542,275	10,355,981	0.063763	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,425,389	15,481,396	17,906,785	0.066592	56.01
57.00	05700	CT SCAN	14,063,094	31,706,727	45,769,821	0.032680	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,790,751	22,918,250	35,709,001	0.117484	59.00
60.00	06000	LABORATORY	32,492,600	32,913,401	65,406,001	0.138702	60.00
64.00	06400	INTRAVENOUS THERAPY	38,782	4,495,234	4,534,016	0.155579	64.00
65.00	06500	RESPIRATORY THERAPY	19,702,935	2,195,390	21,898,325	0.096168	65.00
66.00	06600	PHYSICAL THERAPY	3,052,715	1,781,730	4,834,445	0.330187	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,319,947	209,497	1,529,444	0.283771	67.00
68.00	06800	SPEECH PATHOLOGY	1,535,361	566,077	2,101,438	0.172902	68.00
69.00	06900	ELECTROCARDIOLOGY	9,136,851	26,725,010	35,861,861	0.075061	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	751,233	8,474,663	9,225,896	0.091940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,528,863	11,250,949	22,779,812	0.527550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,117,203	21,375,767	113,492,970	0.210538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,667,782	66,825,381	105,493,163	0.188271	73.00
73.01	07301	RETAIL PHARMACY	0	2,135,200	2,135,200	1.244989	73.01
74.00	07400	RENAL DIALYSIS	2,236,820	1,087,258	3,324,078	0.357162	74.00
76.00	03951	DIABETES	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	76.01
76.02	03030	WOUND CARE	68,763	7,014,247	7,083,010	0.225931	76.02
76.03	03020	PICC LINE TEAM	1,660,939	160,640	1,821,579	0.044774	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	47,471	2,632,300	2,679,771	0.242312	90.01
90.02	09002	PAIN MANAGEMENT	49,495	20,208,568	20,258,063	0.111890	90.02
91.00	09100	EMERGENCY	14,274,467	44,897,303	59,171,770	0.111479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	480,711	2,541,488	3,022,199	0.771266	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,711,160	10,711,160		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,329,770	8,978,892	10,308,662		116.00
116.01	11601	HOSPICE II	0	1,877,579	1,877,579		116.01
200.00		Subtotal (see instructions)	432,430,991	468,733,034	901,164,025		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	432,430,991	468,733,034	901,164,025		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/22/2018 3:35 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
41.00	04100	SUBPROVIDER - I/RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	REHAB MEDICINE	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
73.01	07301	RETAIL PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUND CARE	0.000000		76.02
76.03	03020	PICC LINE TEAM	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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
116.01	11601	HOSPICE II			116.01
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0102

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

Worksheet C Part II Date/Time Prepared: 5/22/2018 3:35 pm

Cost Center Description			Title XIX			Hospital		Cost
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,942,637	6,263,632	11,679,005	313,182	583,950	50.00
50.01	05001	REHAB MEDICINE	1,823,700	87,455	1,736,245	4,373	86,812	50.01
51.00	05100	RECOVERY ROOM	1,113,614	128,224	985,390	6,411	49,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,894,188	62,594	1,831,594	3,130	91,580	52.00
53.00	05300	ANESTHESIOLOGY	416,914	22,672	394,242	1,134	19,712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,009,767	652,303	5,357,464	32,615	267,873	54.00
54.01	03630	ULTRA SOUND	660,333	79,777	580,556	3,989	29,028	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,192,445	50,439	1,142,006	2,522	57,100	56.01
57.00	05700	CT SCAN	1,495,758	128,318	1,367,440	6,416	68,372	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,195,253	296,371	3,898,882	14,819	194,944	59.00
60.00	06000	LABORATORY	9,071,941	352,482	8,719,459	17,624	435,973	60.00
64.00	06400	INTRAVENOUS THERAPY	705,397	37,655	667,742	1,883	33,387	64.00
65.00	06500	RESPIRATORY THERAPY	2,105,923	51,718	2,054,205	2,586	102,710	65.00
66.00	06600	PHYSICAL THERAPY	1,596,270	48,530	1,547,740	2,427	77,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	434,012	8,816	425,196	441	21,260	67.00
68.00	06800	SPEECH PATHOLOGY	363,342	10,596	352,746	530	17,637	68.00
69.00	06900	ELECTROCARDIOLOGY	2,691,843	431,209	2,260,634	21,560	113,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	848,229	40,814	807,415	2,041	40,371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,017,491	221,020	11,796,471	11,051	589,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,894,629	416,603	23,478,026	20,830	1,173,901	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,861,295	370,714	19,490,581	18,536	974,529	73.00
73.01	07301	RETAIL PHARMACY	2,658,300	48,605	2,609,695	2,430	130,485	73.01
74.00	07400	RENAL DIALYSIS	1,187,234	19,839	1,167,395	992	58,370	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	1,600,271	39,380	1,560,891	1,969	78,045	76.02
76.03	03020	PICC LINE TEAM	81,560	3,728	77,832	186	3,892	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	649,341	59,523	589,818	2,976	29,491	90.01
90.02	09002	PAIN MANAGEMENT	2,266,679	102,718	2,163,961	5,136	108,198	90.02
91.00	09100	EMERGENCY	6,596,414	361,008	6,235,406	18,050	311,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,330,918	130,238	2,200,680	6,512	110,034	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	176,849	2,947	173,902	147	8,695	95.00
101.00	10100	HOME HEALTH AGENCY	8,447,594	143,449	8,304,145	7,172	415,207	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,801,960	271,109	9,530,851	13,555	476,543	116.00
116.01	11601	HOSPICE II	800,982	13,471	787,511	674	39,376	116.01
200.00		Subtotal (sum of lines 50 thru 199)	146,933,083	10,957,957	135,975,126	547,899	6,798,758	200.00
201.00		Less Observation Beds	2,330,918	130,238	2,200,680	6,512	110,034	201.00
202.00		Total (line 200 minus line 201)	144,602,165	10,827,719	133,774,446	541,387	6,688,724	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0102

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

Worksheet C
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,045,505	111,117,103	0.153401		50.00
50.01	05001 REHAB MEDICINE	1,732,515	6,259,634	0.276776		50.01
51.00	05100 RECOVERY ROOM	1,057,933	5,288,475	0.200045		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,799,478	1,848,931	0.973253		52.00
53.00	05300 ANESTHESIOLOGY	396,068	14,100,992	0.028088		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,709,279	68,866,989	0.082903		54.00
54.01	03630 ULTRA SOUND	627,316	10,355,981	0.060575		54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,132,823	17,906,785	0.063262		56.01
57.00	05700 CT SCAN	1,420,970	45,769,821	0.031046		57.00
59.00	05900 CARDIAC CATHETERIZATION	3,985,490	35,709,001	0.111610		59.00
60.00	06000 LABORATORY	8,618,344	65,406,001	0.131767		60.00
64.00	06400 INTRAVENOUS THERAPY	670,127	4,534,016	0.147800		64.00
65.00	06500 RESPIRATORY THERAPY	2,000,627	21,898,325	0.091360		65.00
66.00	06600 PHYSICAL THERAPY	1,516,456	4,834,445	0.313677		66.00
67.00	06700 OCCUPATIONAL THERAPY	412,311	1,529,444	0.269582		67.00
68.00	06800 SPEECH PATHOLOGY	345,175	2,101,438	0.164257		68.00
69.00	06900 ELECTROCARDIOLOGY	2,557,251	35,861,861	0.071308		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	805,817	9,225,896	0.087343		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,416,616	22,779,812	0.501173		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,699,898	113,492,970	0.200011		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,868,230	105,493,163	0.178857		73.00
73.01	07301 RETAIL PHARMACY	2,525,385	2,135,200	1.182739		73.01
74.00	07400 RENAL DIALYSIS	1,127,872	3,324,078	0.339304		74.00
76.00	03951 DIABETES	0	0	0.000000		76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000		76.01
76.02	03030 WOUND CARE	1,520,257	7,083,010	0.214634		76.02
76.03	03020 PICC LINE TEAM	77,482	1,821,579	0.042536		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 PARTIAL HOSPITAL PRG	616,874	2,679,771	0.230197		90.01
90.02	09002 PAIN MANAGEMENT	2,153,345	20,258,063	0.106296		90.02
91.00	09100 EMERGENCY	6,266,594	59,171,770	0.105905		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,214,372	3,022,199	0.732702		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	168,007	0	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY	8,025,215	10,711,160	0.749239		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	9,311,862	10,308,662	0.903305		116.00
116.01	11601 HOSPICE II	760,932	1,877,579	0.405273		116.01
200.00	Subtotal (sum of lines 50 thru 199)	139,586,426	826,774,154			200.00
201.00	Less Observation Beds	2,214,372	0			201.00
202.00	Total (line 200 minus line 201)	137,372,054	826,774,154			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/22/2018 3:35 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,697,831	0	1,697,831	39,018	43.51	30.00
31.00	INTENSIVE CARE UNIT	244,054		244,054	3,339	73.09	31.00
32.00	CORONARY CARE UNIT	268,679		268,679	2,117	126.91	32.00
40.00	SUBPROVIDER - IPF	122,896	0	122,896	2,896	42.44	40.00
41.00	SUBPROVIDER - IRF	236,333	0	236,333	5,852	40.38	41.00
43.00	NURSERY	11,315		11,315	1,020	11.09	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	2,581,108		2,581,108	54,242		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,156	746,458				
31.00	INTENSIVE CARE UNIT	1,698	124,107				
32.00	CORONARY CARE UNIT	1,245	158,003				
40.00	SUBPROVIDER - IPF	1,391	59,034				
41.00	SUBPROVIDER - IRF	3,971	160,349				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	25,461	1,247,951				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/22/2018 3:35 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,263,632	111,117,103	0.056370	28,504,857	1,606,819	50.00
50.01	05001 REHAB MEDICINE	87,455	6,259,634	0.013971	1,281,316	17,901	50.01
51.00	05100 RECOVERY ROOM	128,224	5,288,475	0.024246	1,158,201	28,082	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	62,594	1,848,931	0.033854	4,142	140	52.00
53.00	05300 ANESTHESIOLOGY	22,672	14,100,992	0.001608	3,376,256	5,429	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	652,303	68,866,989	0.009472	8,063,972	76,382	54.00
54.01	03630 ULTRA SOUND	79,777	10,355,981	0.007703	903,690	6,961	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	50,439	17,906,785	0.002817	1,235,986	3,482	56.01
57.00	05700 CT SCAN	128,318	45,769,821	0.002804	7,212,039	20,223	57.00
59.00	05900 CARDIAC CATHETERIZATION	296,371	35,709,001	0.008300	6,460,109	53,619	59.00
60.00	06000 LABORATORY	352,482	65,406,001	0.005389	15,282,656	82,358	60.00
64.00	06400 INTRAVENOUS THERAPY	37,655	4,534,016	0.008305	9,705	81	64.00
65.00	06500 RESPIRATORY THERAPY	51,718	21,898,325	0.002362	8,879,799	20,974	65.00
66.00	06600 PHYSICAL THERAPY	48,530	4,834,445	0.010038	1,026,926	10,308	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,816	1,529,444	0.005764	404,444	2,331	67.00
68.00	06800 SPEECH PATHOLOGY	10,596	2,101,438	0.005042	709,623	3,578	68.00
69.00	06900 ELECTROCARDIOLOGY	431,209	35,861,861	0.012024	5,131,256	61,698	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	40,814	9,225,896	0.004424	385,431	1,705	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	221,020	22,779,812	0.009702	7,041,884	68,320	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	416,603	113,492,970	0.003671	41,724,048	153,169	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	370,714	105,493,163	0.003514	18,119,815	63,673	73.00
73.01	07301 RETAIL PHARMACY	48,605	2,135,200	0.022764	0	0	73.01
74.00	07400 RENAL DIALYSIS	19,839	3,324,078	0.005968	1,339,784	7,996	74.00
76.00	03951 DIABETES	0	0	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030 WOUND CARE	39,380	7,083,010	0.005560	38,438	214	76.02
76.03	03020 PICC LINE TEAM	3,728	1,821,579	0.002047	949,774	1,944	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	59,523	2,679,771	0.022212	2,715	60	90.01
90.02	09002 PAIN MANAGEMENT	102,718	20,258,063	0.005070	29,064	147	90.02
91.00	09100 EMERGENCY	361,008	59,171,770	0.006101	6,692,918	40,833	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	130,238	3,022,199	0.043094	246,999	10,644	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	10,526,981	803,876,753		166,215,847	2,349,071	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/22/2018 3:35 pm
Title XVIII			Hospital	PPS

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	39,018	0.00	17,156	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,339	0.00	1,698	31.00
32.00	03200	CORONARY CARE UNIT	0	0	2,117	0.00	1,245	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,896	0.00	1,391	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,852	0.00	3,971	41.00
43.00	04300	NURSERY	0	0	1,020	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)	0	0	54,242	0.00	25,461	200.00

Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	111,117,103	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	6,259,634	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	5,288,475	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,848,931	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,100,992	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,866,989	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	10,355,981	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	17,906,785	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	45,769,821	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,709,001	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,406,001	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,534,016	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,898,325	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,834,445	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,529,444	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,101,438	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35,861,861	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,225,896	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,779,812	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,492,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	105,493,163	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	2,135,200	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,324,078	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	0	7,083,010	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,821,579	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	2,679,771	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	20,258,063	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	59,171,770	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,022,199	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	803,876,753		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0.000000	28,504,857	0	14,027,778	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	1,281,316	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	1,158,201	0	737,806	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	4,142	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	3,376,256	0	1,863,631	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,063,972	0	19,733,901	0	54.00
54.01	03630 ULTRA SOUND	0.000000	903,690	0	2,437,001	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	1,235,986	0	7,257,541	0	56.01
57.00	05700 CT SCAN	0.000000	7,212,039	0	10,574,067	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,460,109	0	10,934,814	0	59.00
60.00	06000 LABORATORY	0.000000	15,282,656	0	6,644,160	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	9,705	0	2,071,146	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	8,879,799	0	710,496	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,026,926	0	48,580	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	404,444	0	20,403	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	709,623	0	31,680	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,131,256	0	12,564,711	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	385,431	0	2,500,295	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,041,884	0	4,616,424	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	41,724,048	0	10,622,503	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	18,119,815	0	21,530,667	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,339,784	0	296,729	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUND CARE	0.000000	38,438	0	3,562,285	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	949,774	0	47,552	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	2,715	0	559,902	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	29,064	0	9,944,260	0	90.02
91.00	09100 EMERGENCY	0.000000	6,692,918	0	10,822,597	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	246,999	0	797,239	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		166,215,847	0	154,958,168	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.161475	14,027,778	0	0	2,265,135	50.00
50.01	05001	REHAB MEDICINE	0.291343	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.210574	737,806	0	0	155,363	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024477	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029566	1,863,631	0	0	55,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087266	19,733,901	0	0	1,722,099	54.00
54.01	03630	ULTRA SOUND	0.063763	2,437,001	0	0	155,390	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066592	7,257,541	0	0	483,294	56.01
57.00	05700	CT SCAN	0.032680	10,574,067	0	0	345,561	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.117484	10,934,814	0	0	1,284,666	59.00
60.00	06000	LABORATORY	0.138702	6,644,160	426	0	921,558	60.00
64.00	06400	INTRAVENOUS THERAPY	0.155579	2,071,146	0	0	322,227	64.00
65.00	06500	RESPIRATORY THERAPY	0.096168	710,496	0	0	68,327	65.00
66.00	06600	PHYSICAL THERAPY	0.330187	48,580	0	0	16,040	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283771	20,403	0	0	5,790	67.00
68.00	06800	SPEECH PATHOLOGY	0.172902	31,680	0	0	5,478	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075061	12,564,711	0	0	943,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091940	2,500,295	0	0	229,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.527550	4,616,424	0	0	2,435,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210538	10,622,503	0	0	2,236,441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188271	21,530,667	0	76,826	4,053,600	73.00
73.01	07301	RETAIL PHARMACY	1.244989	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.357162	296,729	0	0	105,980	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUND CARE	0.225931	3,562,285	0	0	804,831	76.02
76.03	03020	PICC LINE TEAM	0.044774	47,552	0	0	2,129	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.242312	559,902	0	0	135,671	90.01
90.02	09002	PAIN MANAGEMENT	0.111890	9,944,260	0	0	1,112,663	90.02
91.00	09100	EMERGENCY	0.111479	10,822,597	0	0	1,206,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.771266	797,239	0	0	614,883	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		154,958,168	426	76,826	21,687,109	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		154,958,168	426	76,826	21,687,109	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 REHAB MEDICINE	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	59	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	14,464		73.00
73.01 07301 RETAIL PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 DIABETES	0	0		76.00
76.01 03950 LI THOTRIPTOR	0	0		76.01
76.02 03030 WOUND CARE	0	0		76.02
76.03 03020 PICC LINE TEAM	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	59	14,464		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	59	14,464		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 18-0102 Component CCN: 18-S102		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/22/2018 3:35 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	6,263,632	111,117,103	0.056370	53	3	50.00
50.01	05001	REHAB MEDICINE	87,455	6,259,634	0.013971	5,316	74	50.01
51.00	05100	RECOVERY ROOM	128,224	5,288,475	0.024246	219,180	5,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,594	1,848,931	0.033854	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,672	14,100,992	0.001608	58,294	94	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	652,303	68,866,989	0.009472	38,281	363	54.00
54.01	03630	ULTRA SOUND	79,777	10,355,981	0.007703	6,032	46	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	50,439	17,906,785	0.002817	0	0	56.01
57.00	05700	CT SCAN	128,318	45,769,821	0.002804	127,619	358	57.00
59.00	05900	CARDIAC CATHETERIZATION	296,371	35,709,001	0.008300	108	1	59.00
60.00	06000	LABORATORY	352,482	65,406,001	0.005389	415,343	2,238	60.00
64.00	06400	INTRAVENOUS THERAPY	37,655	4,534,016	0.008305	19,653	163	64.00
65.00	06500	RESPIRATORY THERAPY	51,718	21,898,325	0.002362	57,351	135	65.00
66.00	06600	PHYSICAL THERAPY	48,530	4,834,445	0.010038	6,957	70	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,816	1,529,444	0.005764	508	3	67.00
68.00	06800	SPEECH PATHOLOGY	10,596	2,101,438	0.005042	5,367	27	68.00
69.00	06900	ELECTROCARDIOLOGY	431,209	35,861,861	0.012024	34,303	412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,814	9,225,896	0.004424	1,830	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	221,020	22,779,812	0.009702	7,329	71	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	416,603	113,492,970	0.003671	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	370,714	105,493,163	0.003514	207,054	728	73.00
73.01	07301	RETAIL PHARMACY	48,605	2,135,200	0.022764	0	0	73.01
74.00	07400	RENAL DIALYSIS	19,839	3,324,078	0.005968	4	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	39,380	7,083,010	0.005560	960	5	76.02
76.03	03020	PICC LINE TEAM	3,728	1,821,579	0.002047	1,971	4	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	59,523	2,679,771	0.022212	0	0	90.01
90.02	09002	PAIN MANAGEMENT	102,718	20,258,063	0.005070	868	4	90.02
91.00	09100	EMERGENCY	361,008	59,171,770	0.006101	317,714	1,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,022,199	0.000000	6,237	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,396,743	803,876,753		1,538,332	12,059	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
73.01	07301 RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	0	0	76.00
76.01	03950 LI THOTRI PTOR	0	0	0	0	0	76.01
76.02	03030 WOUND CARE	0	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	111,117,103	0.000000 50.00
50.01	05001	REHAB MEDICINE	0	0	0	6,259,634	0.000000 50.01
51.00	05100	RECOVERY ROOM	0	0	0	5,288,475	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,848,931	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,100,992	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,866,989	0.000000 54.00
54.01	03630	ULTRA SOUND	0	0	0	10,355,981	0.000000 54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	17,906,785	0.000000 56.01
57.00	05700	CT SCAN	0	0	0	45,769,821	0.000000 57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,709,001	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	65,406,001	0.000000 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,534,016	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,898,325	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,834,445	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,529,444	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,101,438	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35,861,861	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,225,896	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,779,812	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,492,970	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	105,493,163	0.000000 73.00
73.01	07301	RETAIL PHARMACY	0	0	0	2,135,200	0.000000 73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,324,078	0.000000 74.00
76.00	03951	DIABETES	0	0	0	0	0.000000 76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000 76.01
76.02	03030	WOUNDCARE	0	0	0	7,083,010	0.000000 76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,821,579	0.000000 76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000 90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	2,679,771	0.000000 90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	20,258,063	0.000000 90.02
91.00	09100	EMERGENCY	0	0	0	59,171,770	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,022,199	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	803,876,753	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	53	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	5,316	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	219,180	0	37	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	58,294	0	109	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	38,281	0	1,167	0	54.00
54.01	03630 ULTRA SOUND	0.000000	6,032	0	1,322	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	127,619	0	1,696	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	108	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	415,343	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	19,653	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	57,351	0	6	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,957	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	508	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	5,367	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	34,303	0	323	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,830	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,329	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	207,054	0	324	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	4	0	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUND CARE	0.000000	960	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	1,971	0	12	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	868	0	8	0	90.02
91.00	09100 EMERGENCY	0.000000	317,714	0	512	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	6,237	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		1,538,332	0	5,516	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm		
		Component CCN: 18-S102		PPS		
		Title XVIII	Subprovider - IPF			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	50.01
51.00	05100	RECOVERY ROOM	37	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	109	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,167	0	0	54.00
54.01	03630	ULTRA SOUND	1,322	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700	CT SCAN	1,696	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	323	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
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	324	0	37	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	0	76.02
76.03	03020	PICC LINE TEAM	12	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	8	0	0	90.02
91.00	09100	EMERGENCY	512	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	5,516	0	37	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 - line 201)	5,516	0	37	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 REHAB MEDICINE	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
56.00 05600 RADIO SOTOPE	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	7	73.00
73.01 07301 RETAIL PHARMACY	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 DIABETES	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	76.01
76.02 03030 WOUNDCARE	0	0	76.02
76.03 03020 PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
200.00 Subtotal (see instructions)	0	7	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	7	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/22/2018 3:35 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	6,263,632	111,117,103	0.056370	31,072	1,752	50.00
50.01	05001	REHAB MEDICINE	87,455	6,259,634	0.013971	2,955,549	41,292	50.01
51.00	05100	RECOVERY ROOM	128,224	5,288,475	0.024246	4,280	104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,594	1,848,931	0.033854	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,672	14,100,992	0.001608	7,465	12	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	652,303	68,866,989	0.009472	108,604	1,029	54.00
54.01	03630	ULTRA SOUND	79,777	10,355,981	0.007703	21,188	163	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	50,439	17,906,785	0.002817	13,660	38	56.01
57.00	05700	CT SCAN	128,318	45,769,821	0.002804	95,025	266	57.00
59.00	05900	CARDIAC CATHETERIZATION	296,371	35,709,001	0.008300	3,958	33	59.00
60.00	06000	LABORATORY	352,482	65,406,001	0.005389	1,012,027	5,454	60.00
64.00	06400	INTRAVENOUS THERAPY	37,655	4,534,016	0.008305	1,466	12	64.00
65.00	06500	RESPIRATORY THERAPY	51,718	21,898,325	0.002362	567,847	1,341	65.00
66.00	06600	PHYSICAL THERAPY	48,530	4,834,445	0.010038	683,840	6,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,816	1,529,444	0.005764	339,917	1,959	67.00
68.00	06800	SPEECH PATHOLOGY	10,596	2,101,438	0.005042	288,572	1,455	68.00
69.00	06900	ELECTROCARDIOLOGY	431,209	35,861,861	0.012024	91,692	1,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,814	9,225,896	0.004424	11,274	50	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	221,020	22,779,812	0.009702	92,578	898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	416,603	113,492,970	0.003671	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	370,714	105,493,163	0.003514	884,974	3,110	73.00
73.01	07301	RETAIL PHARMACY	48,605	2,135,200	0.022764	0	0	73.01
74.00	07400	RENAL DIALYSIS	19,839	3,324,078	0.005968	79,339	473	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	39,380	7,083,010	0.005560	713	4	76.02
76.03	03020	PICC LINE TEAM	3,728	1,821,579	0.002047	25,068	51	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	59,523	2,679,771	0.022212	0	0	90.01
90.02	09002	PAIN MANAGEMENT	102,718	20,258,063	0.005070	4,949	25	90.02
91.00	09100	EMERGENCY	361,008	59,171,770	0.006101	12,877	79	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,022,199	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,396,743	803,876,753		7,337,934	67,567	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
73.01	07301 RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	0	0	76.00
76.01	03950 LI THOTRI PTOR	0	0	0	0	0	76.01
76.02	03030 WOUNDCARE	0	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	111,117,103	0.000000	50.00
50.01	05001 REHAB MEDICINE	0	0	0	6,259,634	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	5,288,475	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,848,931	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	14,100,992	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	68,866,989	0.000000	54.00
54.01	03630 ULTRA SOUND	0	0	0	10,355,981	0.000000	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	17,906,785	0.000000	56.01
57.00	05700 CT SCAN	0	0	0	45,769,821	0.000000	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	35,709,001	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	65,406,001	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	4,534,016	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	21,898,325	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	4,834,445	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,529,444	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2,101,438	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	35,861,861	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,225,896	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,779,812	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,492,970	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	105,493,163	0.000000	73.00
73.01	07301 RETAIL PHARMACY	0	0	0	2,135,200	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	3,324,078	0.000000	74.00
76.00	03951 DIABETES	0	0	0	0	0.000000	76.00
76.01	03950 LI THOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030 WOUNDCARE	0	0	0	7,083,010	0.000000	76.02
76.03	03020 PICC LINE TEAM	0	0	0	1,821,579	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	2,679,771	0.000000	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	20,258,063	0.000000	90.02
91.00	09100 EMERGENCY	0	0	0	59,171,770	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,022,199	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	803,876,753		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:35 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	31,072	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	2,955,549	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	4,280	0	19	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	7,465	0	56	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	108,604	0	4,638	0	54.00
54.01	03630 ULTRA SOUND	0.000000	21,188	0	935	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	13,660	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	95,025	0	3,401	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,958	0	8	0	59.00
60.00	06000 LABORATORY	0.000000	1,012,027	0	271	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,466	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	567,847	0	3	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	683,840	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	339,917	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	288,572	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	91,692	0	161	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	11,274	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	92,578	0	667	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	884,974	0	4,693	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	79,339	0	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUND CARE	0.000000	713	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	25,068	0	6	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	4,949	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	12,877	0	4	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	214	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		7,337,934	0	15,076	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm			
			Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.161475	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0.291343	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.210574	19	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024477	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029566	56	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087266	4,638	0	0	54.00
54.01	03630	ULTRA SOUND	0.063763	935	0	0	54.01
56.00	05600	RADIO SOTOPE	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066592	0	0	0	56.01
57.00	05700	CT SCAN	0.032680	3,401	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.117484	8	0	0	59.00
60.00	06000	LABORATORY	0.138702	271	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.155579	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.096168	3	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.330187	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283771	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.172902	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075061	161	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091940	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.527550	667	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210538	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188271	4,693	0	0	73.00
73.01	07301	RETAIL PHARMACY	1.244989	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.357162	0	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	76.01
76.02	03030	WOUND CARE	0.225931	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0.044774	6	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.242312	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.111890	0	0	0	90.02
91.00	09100	EMERGENCY	0.111479	4	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.771266	214	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00		Subtotal (see instructions)		15,076	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)		15,076	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 REHAB MEDICINE	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	0	73.00
73.01 07301 RETAIL PHARMACY	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 DIABETES	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	76.01
76.02 03030 WOUNDCARE	0	0	76.02
76.03 03020 PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	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	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.153401	0	444,786	0	0
50.01 05001 REHAB MEDICINE	0.276776	0	0	0	0
51.00 05100 RECOVERY ROOM	0.200045	0	18,463	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.973253	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.028088	0	23,985	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.082903	0	140,485	0	0
54.01 03630 ULTRA SOUND	0.060575	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.063262	0	26,926	0	0
57.00 05700 CT SCAN	0.031046	0	177,599	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.111610	0	0	0	0
60.00 06000 LABORATORY	0.131767	0	180,958	0	0
64.00 06400 INTRAVENOUS THERAPY	0.147800	0	78,438	0	0
65.00 06500 RESPIRATORY THERAPY	0.091360	0	50,944	0	0
66.00 06600 PHYSICAL THERAPY	0.313677	0	20,334	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.269582	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.164257	0	11,642	0	0
69.00 06900 ELECTROCARDIOLOGY	0.071308	0	61,934	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.087343	0	30,210	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.501173	0	22,098	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.200011	0	90,279	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.178857	0	440,342	0	0
73.01 07301 RETAIL PHARMACY	1.182739	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.339304	0	87,198	0	0
76.00 03951 DIABETES	0.000000	0	0	0	0
76.01 03950 LIOTHRIPTOR	0.000000	0	0	0	0
76.02 03030 WOUND CARE	0.214634	0	23,128	0	0
76.03 03020 PICC LINE TEAM	0.042536	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 PARTIAL HOSPITAL PRG	0.230197	0	0	0	0
90.02 09002 PAIN MANAGEMENT	0.106296	0	40,228	0	0
91.00 09100 EMERGENCY	0.105905	0	300,506	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.732702	0	15,236	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	2,285,719	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)	0	2,285,719	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/22/2018 3:35 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	68,231	0		50.00
50.01 05001 REHAB MEDICINE	0	0		50.01
51.00 05100 RECOVERY ROOM	3,693	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	674	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,647	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,703	0		56.01
57.00 05700 CT SCAN	5,514	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	23,844	0		60.00
64.00 06400 INTRAVENOUS THERAPY	11,593	0		64.00
65.00 06500 RESPIRATORY THERAPY	4,654	0		65.00
66.00 06600 PHYSICAL THERAPY	6,378	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	1,912	0		68.00
69.00 06900 ELECTROCARDIOLOGY	4,416	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,639	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,075	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	18,057	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	78,758	0		73.00
73.01 07301 RETAIL PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	29,587	0		74.00
76.00 03951 DIABETES	0	0		76.00
76.01 03950 LITHOTRIPTOR	0	0		76.01
76.02 03030 WOUND CARE	4,964	0		76.02
76.03 03020 PICC LINE TEAM	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0		90.01
90.02 09002 PAIN MANAGEMENT	4,276	0		90.02
91.00 09100 EMERGENCY	31,825	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	11,163	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	336,603	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)	336,603	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2018 3:35 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,018	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)		36,025	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)		17,156	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)		30,386,682	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)		30,386,682	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)		30,386,682	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)		778.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,360,921	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)		13,360,921	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 pm	
Title XVIII				Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,543,934	3,339	1,360.87	1,698	2,310,757		43.00
44.00 CORONARY CARE UNIT	3,210,601	2,117	1,516.58	1,245	1,888,142		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,515,839		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,075,659		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)					1,028,568		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,349,071		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,377,639		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,698,020		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)					2,993		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					778.79		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,330,918		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,697,831	30,386,682	0.055874	2,330,918	130,238	90.00
91.00	Nursing School cost	0	30,386,682	0.000000	2,330,918	0	91.00
92.00	Allied health cost	0	30,386,682	0.000000	2,330,918	0	92.00
93.00	All other Medical Education	0	30,386,682	0.000000	2,330,918	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Component CCN: 18-S102		Date/Time Prepared: 5/22/2018 3:35 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)		2,896	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,896	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)		2,896	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)		1,391	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)		2,110,622	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)		2,110,622	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)		2,110,622	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)		728.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,013,775	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)		1,013,775	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Component CCN: 18-S102				Date/Time Prepared: 5/22/2018 3:35 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	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					213,119		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,226,894		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)					59,034		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,059		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					71,093		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,155,801		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: 18-0102 Component CCN: 18-S102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 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	122,896	2,110,622	0.058227	0	0	90.00
91.00	Nursing School cost	0	2,110,622	0.000000	0	0	91.00
92.00	Allied health cost	0	2,110,622	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,110,622	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 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)		5,852	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,852	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)		5,852	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)		3,971	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)		3,103,932	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)		3,103,932	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)		3,103,932	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)		530.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,106,258	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)		2,106,258	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1		
				Component CCN: 18-T102	Date/Time Prepared: 5/22/2018 3:35 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	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,704,866		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,811,124		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)						160,349		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						67,567		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						227,916		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,583,208		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: 18-0102 Component CCN: 18-T102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 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	236,333	3,103,932	0.076140	0	0	90.00
91.00	Nursing School cost	0	3,103,932	0.000000	0	0	91.00
92.00	Allied health cost	0	3,103,932	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,103,932	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2018 3:35 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,018	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)		36,025	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)		335	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)		1,020	15.00
16.00	Nursery days (title V or XIX only)		8	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)		30,386,682	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)		30,386,682	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)		30,386,682	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)		778.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		260,895	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)		260,895	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	410,479	1,020	402.43	8	3,219	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,543,934	3,339	1,360.87	97	132,004	43.00
44.00	CORONARY CARE UNIT	3,210,601	2,117	1,516.58	19	28,815	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					291,242	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					716,175	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)					2,993	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					778.79	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,330,918	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,697,831	30,386,682	0.055874	2,330,918	130,238	90.00
91.00	Nursing School cost	0	30,386,682	0.000000	2,330,918	0	91.00
92.00	Allied health cost	0	30,386,682	0.000000	2,330,918	0	92.00
93.00	All other Medical Education	0	30,386,682	0.000000	2,330,918	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Component CCN: 18-S102		Date/Time Prepared: 5/22/2018 3:35 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)		2,896	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,896	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)		2,896	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)		68	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)		1,020	15.00
16.00	Nursery days (title V or XIX only)		8	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)		2,110,622	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)		2,110,622	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)		2,110,622	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)		728.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		49,559	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)		49,559	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Component CCN: 18-S102				Date/Time Prepared: 5/22/2018 3:35 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	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,559	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: 18-0102 Component CCN: 18-S102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 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	122,896	2,110,622	0.058227	0	0	90.00
91.00	Nursing School cost	0	2,110,622	0.000000	0	0	91.00
92.00	Allied health cost	0	2,110,622	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,110,622	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Component CCN: 18-T102		Date/Time Prepared: 5/22/2018 3:35 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)		5,852	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,852	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)		5,852	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10	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)		1,020	15.00
16.00	Nursery days (title V or XIX only)		8	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)		3,103,932	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)		3,103,932	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)		3,103,932	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)		530.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,304	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)		5,304	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1		
				Component CCN: 18-T102		Date/Time Prepared: 5/22/2018 3:35 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	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,304		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: 18-0102 Component CCN: 18-T102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/22/2018 3:35 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	236,333	3,103,932	0.076140	0	0	90.00
91.00	Nursing School cost	0	3,103,932	0.000000	0	0	91.00
92.00	Allied health cost	0	3,103,932	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,103,932	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/22/2018 3:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		21,485,577	30.00
31.00	03100	INTENSIVE CARE UNIT		4,465,913	31.00
32.00	03200	CORONARY CARE UNIT		338,127	32.00
40.00	04000	SUBPROVIDER - I/PF		715,341	40.00
41.00	04100	SUBPROVIDER - I/RF		93,165	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.161475	28,504,857	50.00
50.01	05001	REHAB MEDICINE	0.291343	1,281,316	50.01
51.00	05100	RECOVERY ROOM	0.210574	1,158,201	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024477	4,142	52.00
53.00	05300	ANESTHESIOLOGY	0.029566	3,376,256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087266	8,063,972	54.00
54.01	03630	ULTRA SOUND	0.063763	903,690	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066592	1,235,986	56.01
57.00	05700	CT SCAN	0.032680	7,212,039	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.117484	6,460,109	59.00
60.00	06000	LABORATORY	0.138702	15,282,656	60.00
64.00	06400	INTRAVENOUS THERAPY	0.155579	9,705	64.00
65.00	06500	RESPIRATORY THERAPY	0.096168	8,879,799	65.00
66.00	06600	PHYSICAL THERAPY	0.330187	1,026,926	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283771	404,444	67.00
68.00	06800	SPEECH PATHOLOGY	0.172902	709,623	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075061	5,131,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091940	385,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.527550	7,041,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210538	41,724,048	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188271	18,119,815	73.00
73.01	07301	RETAIL PHARMACY	1.244989	0	73.01
74.00	07400	RENAL DIALYSIS	0.357162	1,339,784	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.225931	38,438	76.02
76.03	03020	PICC LINE TEAM	0.044774	949,774	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.242312	2,715	90.01
90.02	09002	PAIN MANAGEMENT	0.111890	29,064	90.02
91.00	09100	EMERGENCY	0.111479	6,692,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.771266	246,999	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		166,215,847	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)		166,215,847	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/22/2018 3:35 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
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		1,946,516		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	0.161475	53	9	50.00
50.01	05001 REHAB MEDICINE	0.291343	5,316	1,549	50.01
51.00	05100 RECOVERY ROOM	0.210574	219,180	46,154	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.024477	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.029566	58,294	1,724	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.087266	38,281	3,341	54.00
54.01	03630 ULTRA SOUND	0.063763	6,032	385	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.066592	0	0	56.01
57.00	05700 CT SCAN	0.032680	127,619	4,171	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.117484	108	13	59.00
60.00	06000 LABORATORY	0.138702	415,343	57,609	60.00
64.00	06400 INTRAVENOUS THERAPY	0.155579	19,653	3,058	64.00
65.00	06500 RESPIRATORY THERAPY	0.096168	57,351	5,515	65.00
66.00	06600 PHYSICAL THERAPY	0.330187	6,957	2,297	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283771	508	144	67.00
68.00	06800 SPEECH PATHOLOGY	0.172902	5,367	928	68.00
69.00	06900 ELECTROCARDIOLOGY	0.075061	34,303	2,575	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.091940	1,830	168	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.527550	7,329	3,866	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.210538	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188271	207,054	38,982	73.00
73.01	07301 RETAIL PHARMACY	1.244989	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.357162	4	1	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	0.225931	960	217	76.02
76.03	03020 PICC LINE TEAM	0.044774	1,971	88	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.242312	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.111890	868	97	90.02
91.00	09100 EMERGENCY	0.111479	317,714	35,418	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.771266	6,237	4,810	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,538,332	213,119	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,538,332		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/22/2018 3:35 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,800,571		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.161475	31,072	5,017	50.00
50.01	05001 REHAB MEDICINE	0.291343	2,955,549	861,079	50.01
51.00	05100 RECOVERY ROOM	0.210574	4,280	901	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.024477	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.029566	7,465	221	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.087266	108,604	9,477	54.00
54.01	03630 ULTRA SOUND	0.063763	21,188	1,351	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.066592	13,660	910	56.01
57.00	05700 CT SCAN	0.032680	95,025	3,105	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.117484	3,958	465	59.00
60.00	06000 LABORATORY	0.138702	1,012,027	140,370	60.00
64.00	06400 INTRAVENOUS THERAPY	0.155579	1,466	228	64.00
65.00	06500 RESPIRATORY THERAPY	0.096168	567,847	54,609	65.00
66.00	06600 PHYSICAL THERAPY	0.330187	683,840	225,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283771	339,917	96,459	67.00
68.00	06800 SPEECH PATHOLOGY	0.172902	288,572	49,895	68.00
69.00	06900 ELECTROCARDIOLOGY	0.075061	91,692	6,882	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.091940	11,274	1,037	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.527550	92,578	48,840	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.210538	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188271	884,974	166,615	73.00
73.01	07301 RETAIL PHARMACY	1.244989	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.357162	79,339	28,337	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	0.225931	713	161	76.02
76.03	03020 PICC LINE TEAM	0.044774	25,068	1,122	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.242312	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.111890	4,949	554	90.02
91.00	09100 EMERGENCY	0.111479	12,877	1,436	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.771266	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,337,934	1,704,866	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		7,337,934		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/22/2018 3:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		250,631	30.00
31.00	03100	INTENSIVE CARE UNIT		253,242	31.00
32.00	03200	CORONARY CARE UNIT		73,616	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		3,648	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.161475	340,206	50.00
50.01	05001	REHAB MEDICINE	0.291343	0	50.01
51.00	05100	RECOVERY ROOM	0.210574	13,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024477	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029566	38,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087266	116,603	54.00
54.01	03630	ULTRA SOUND	0.063763	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066592	7,898	56.01
57.00	05700	CT SCAN	0.032680	105,474	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.117484	0	59.00
60.00	06000	LABORATORY	0.138702	304,768	60.00
64.00	06400	INTRAVENOUS THERAPY	0.155579	7,958	64.00
65.00	06500	RESPIRATORY THERAPY	0.096168	266,443	65.00
66.00	06600	PHYSICAL THERAPY	0.330187	4,862	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283771	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.172902	11,843	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075061	44,432	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091940	13,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.527550	52,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210538	83,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188271	328,118	73.00
73.01	07301	RETAIL PHARMACY	1.244989	0	73.01
74.00	07400	RENAL DIALYSIS	0.357162	64,794	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.225931	0	76.02
76.03	03020	PICC LINE TEAM	0.044774	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.242312	0	90.01
90.02	09002	PAIN MANAGEMENT	0.111890	0	90.02
91.00	09100	EMERGENCY	0.111479	95,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.771266	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,900,054	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,900,054	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		30,260,049	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,458,583	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)		678,829	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		10,842,950	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		259.80	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 § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		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 § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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)		5.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.76	31.00
32.00	Sum of lines 30 and 31		25.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.38	33.00
34.00	Disproportionate share adjustment (see instructions)		1,030,698	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/22/2018 3:35 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)	5,977,483,147	6,766,695,163	35.00
35.01	Factor 3 (see instructions)	0.000179360	0.000173511	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,072,118	1,174,099	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	801,885	295,938	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,097,823		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 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 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 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	42,525,982		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)		42,525,982	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,194,311	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		0	53.00
54.00	Special add-on payments for new technologies		10,472	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,730,765	59.00
60.00	Primary payer payments		18,444	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,712,321	61.00
62.00	Deductibles billed to program beneficiaries		4,473,077	62.00
63.00	Coinurance billed to program beneficiaries		43,757	63.00
64.00	Allowable bad debts (see instructions)		443,321	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		288,159	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		279,809	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,483,646	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	IDENTIFIED ON PS&R AS OTHER ADJUST		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-132,219	70.93
70.94	HRR adjustment amount (see instructions)		-453,097	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/22/2018 3:35 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)			343,655	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			40,554,675	71.00
71.01	Sequestration adjustment (see instructions)			811,094	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			40,160,676	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-417,095	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			834,131	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			40,257	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0102

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2018 3:35 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	30,260,049	0	30,260,049		30,260,049	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,458,583	0		9,458,583	9,458,583	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	678,829	0	499,065	179,764	678,829	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	10,842,950	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	0.1038	0.1038	0.1038	0.1038		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,030,698	0	785,248	245,450	1,030,698	11.00
11.01	Uncompensated care payments	36.00	1,097,823	0	919,942	270,233	1,190,175	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	42,525,982	0	32,371,952	10,154,030	42,525,982	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	42,525,982	0	32,371,952	10,154,030	42,525,982	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	3,194,311	0	2,424,496	769,815	3,194,311	16.00
17.00	Special add-on payments for new technologies	54.00	10,472	0	10,472	0	10,472	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0102

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2018 3:35 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	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	34,806,920	10,923,845	45,730,765	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	3,159,352	0	2,401,232	758,120	3,159,352	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	34,959	0	23,264	11,695	34,959	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	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,194,311	0	2,424,496	769,815	3,194,311	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: 18-0102

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/22/2018 3:35 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,260,049	30,260,049		30,260,049	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,458,583		9,458,583	9,458,583	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	678,829	499,065	179,764	678,829	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	10,842,950	7,971,576	2,871,374	10,842,950	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	0.1038	0.1038	0.1038		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,030,698	785,248	245,450	1,030,698	11.00
11.01	Uncompensated care payments	36.00	1,097,823	801,885	295,938	1,097,823	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	42,525,982	32,346,247	10,179,735	42,525,982	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	42,525,982	32,346,247	10,179,735	42,525,982	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,194,311	2,424,496	769,815	3,194,311	16.00
17.00	Special add-on payments for new technologies	54.00	10,472	10,472	0	10,472	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			34,781,215	10,949,550	45,730,765	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2018 3:35 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	3,159,352	2,401,232	758,120	3,159,352	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	34,959	23,264	11,695	34,959	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,194,311	2,424,496	769,815	3,194,311	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-132,219	-128,138	-4,081	-132,219	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	-453,097	-287,571	-165,526	-453,097	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		343,655	0	343,655	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,523	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,687,109	2.00
3.00	OPPS payments		21,882,085	3.00
4.00	Outlier payment (see instructions)		95,687	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,523	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		77,252	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)		77,252	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		77,252	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		62,729	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		14,523	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		21,977,772	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,282,917	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)		17,709,378	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)		17,709,378	30.00
31.00	Primary payer payments		17,249	31.00
32.00	Subtotal (line 30 minus line 31)		17,692,129	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)		363,328	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		236,163	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		305,423	36.00
37.00	Subtotal (see instructions)		17,928,292	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-234	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,928,526	40.00
40.01	Sequestration adjustment (see instructions)		358,571	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,902,728	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-332,773	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		358,570	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		96,612	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/22/2018 3:35 pm
		Component CCN: 18-S102		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		397	2.00
3.00	OPPS payments		327	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		37	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)		37	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		37	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		30	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		7	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		327	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		59	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)		275	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)		275	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		275	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		275	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		275	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,674	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1,405	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,034	2.00
3.00	OPPS payments		356	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		356	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		71	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)		285	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)		285	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		285	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		285	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		285	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		279	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 18-0102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2018 3:35 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		39,820,391		17,664,252	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	03/20/2017	22,025	03/20/2017	5,491	3.01	
3.02		07/24/2017	318,260	07/24/2017	232,985	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)		340,285		238,476	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)		40,160,676		17,902,728	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		417,095		332,773	6.02	
7.00	Total Medicare program liability (see instructions)		39,743,581		17,569,955	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	CGS		15101		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 18-0102
Component CCN: 18-S102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2018 3:35 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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,072,313		1,674	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/24/2017	21,407		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)		21,407		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,093,720		1,674	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		41,627		1,405	6.02
7.00	Total Medicare program liability (see instructions)		1,052,093		269	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: 18-0102
Component CCN: 18-T102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,744,084		279	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	06/24/2017	13,442		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)		13,442		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)		5,757,526		279	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		43,117		0	6.02
7.00	Total Medicare program liability (see instructions)		5,714,409		279	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/22/2018 3:35 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)			1,220,763 1.00
2.00	Net IPF PPS Outlier Payments			6,226 2.00
3.00	Net IPF PPS ECT Payments			21,565 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 instructions)			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 instructions)			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)			7.93427 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			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)			1,248,554 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,248,554 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,248,554 18.00
19.00	Deductibles			175,028 19.00
20.00	Subtotal (line 18 minus line 19)			1,073,526 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			1,073,526 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			58 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			38 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,073,564 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)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,073,564 31.00
31.01	Sequestration adjustment (see instructions)			21,471 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,093,720 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-41,627 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			117,141 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			6,226 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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,595,716 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0420 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			243,414 3.00
4.00	Outlier Payments			44,050 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)			16.032877 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)			5,883,180 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,883,180 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,883,180 19.00
20.00	Deductibles			42,112 20.00
21.00	Subtotal (line 19 minus line 20)			5,841,068 21.00
22.00	Coinsurance			10,815 22.00
23.00	Subtotal (line 21 minus line 22)			5,830,253 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,195 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			777 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)			5,831,030 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)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,831,030 32.00
32.01	Sequestration adjustment (see instructions)			116,621 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,757,526 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-43,117 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			22,293 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			44,050 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: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2018 3:35 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		716,175		1.00
2.00	Medical and other services			336,603	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		716,175	336,603	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			14,872	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		716,175	321,731	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		587,859		8.00
9.00	Ancillary service charges		1,900,054	2,285,719	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)		2,487,913	2,285,719	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)		2,487,913	2,285,719	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,771,738	1,949,116	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)		716,175	336,603	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)		716,175	336,603	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)		716,175	321,731	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	164	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)		716,175	321,567	36.00
37.00	ZERO SETTLEMENT		-141,121	16,833	37.00
38.00	Subtotal (line 36 ± line 37)		575,054	338,400	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)		575,054	338,400	40.00
41.00	Interim payments		587,136	352,950	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-12,082	-14,550	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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2018 3:35 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 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	49,559		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)	49,559	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	49,559	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	0	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)	0	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)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	49,559	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)	0	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	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	49,559	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2018 3:35 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	5,304		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)	5,304	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	5,304	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	0	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)	0	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)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	5,304	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)	0	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	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	5,304	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	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: 18-0102

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

Worksheet G

Date/Time Prepared:
5/22/2018 3:35 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	22,622,961	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,873,155	0	0	0	4.00
5.00	Other receivable	2,717,150	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,820,303	0	0	0	6.00
7.00	Inventory	6,666,617	0	0	0	7.00
8.00	Prepaid expenses	232,548	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	62,292,128	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	259,950,525	0	0	0	15.00
16.00	Accumulated depreciation	-182,664,205	0	0	0	16.00
17.00	Leasehold improvements	277,174	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	77,563,494	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	108,299,769	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	2,410,010	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	110,709,779	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	250,565,401	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,183,586	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,034,205	0	0	0	38.00
39.00	Payroll taxes payable	2,417,819	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,529,362	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,396,987	0	0	0	43.00
44.00	Other current liabilities	265,112	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,827,071	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	16,592,019	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,592,019	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	47,419,090	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	203,146,311				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)	203,146,311	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	250,565,401	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0102

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

Worksheet G-1

Date/Time Prepared:
5/22/2018 3:35 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		216,717,429		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		32,413,102			2.00
3.00	Total (sum of line 1 and line 2)		249,130,531		0	3.00
4.00	OTHER	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		249,130,532		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		249,130,532		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	OTHER		0			4.00
5.00			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	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 18-0102

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,271,681		49,271,681	1.00
2.00	SUBPROVIDER - IPF	4,014,268		4,014,268	2.00
3.00	SUBPROVIDER - IRF	5,584,726		5,584,726	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	0		0	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)	58,870,675		58,870,675	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,365,586		9,365,586	11.00
12.00	CORONARY CARE UNIT	5,742,830		5,742,830	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,108,416		15,108,416	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	73,979,091		73,979,091	17.00
18.00	Ancillary services	342,427,643	402,277,340	744,704,983	18.00
19.00	Outpatient services	14,274,467	44,897,303	59,171,770	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		10,711,160	10,711,160	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1,329,770	8,978,892	10,308,662	26.00
26.01	HOSPICE II	0	1,877,579	1,877,579	26.01
27.00	NURSERY	410,780	62,672	473,452	27.00
27.01	PHYSICIAN PRIVATE OFFICE	0	0	0	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	432,421,751	468,804,946	901,226,697	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		206,747,800		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)		206,747,800		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0102

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

Worksheet G-3

Date/Time Prepared:
5/22/2018 3:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	901,226,697	1.00
2.00	Less contractual allowances and discounts on patients' accounts	677,256,642	2.00
3.00	Net patient revenues (line 1 minus line 2)	223,970,055	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	206,747,800	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,222,255	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING AND NON-OPERATING	15,190,847	24.00
25.00	Total other income (sum of lines 6-24)	15,190,847	25.00
26.00	Total (line 5 plus line 25)	32,413,102	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	32,413,102	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet H

HHA CCN: 18-7100

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 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	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	92,134	0	2,453	343,971	3,389,967	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,231,904	0	133,976	0	2,365,880	6.00
7.00	Physical Therapy	1,430,037	0	108,451	0	1,538,488	7.00
8.00	Occupational Therapy	396,570	0	23,261	0	419,831	8.00
9.00	Speech Pathology	134,174	0	7,126	0	141,300	9.00
10.00	Medical Social Services	68,230	0	2,362	0	70,592	10.00
11.00	Home Health Aide	69,964	0	11,582	0	81,546	11.00
12.00	Supplies (see instructions)	0	0	0	271,614	271,614	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	860	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,423,013	0	289,211	615,585	3,390,827	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	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	-2,980,570	847,955	86,696	934,651		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,365,880	0	2,365,880		6.00
7.00	Physical Therapy	0	1,538,488	0	1,538,488		7.00
8.00	Occupational Therapy	0	419,831	0	419,831		8.00
9.00	Speech Pathology	0	141,300	0	141,300		9.00
10.00	Medical Social Services	0	70,592	0	70,592		10.00
11.00	Home Health Aide	0	81,546	0	81,546		11.00
12.00	Supplies (see instructions)	0	271,614	0	271,614		12.00
13.00	Drugs	0	0	0	0		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	860	0	860		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	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-2,980,570	5,738,066	86,696	5,824,762		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: 18-0102 HHA CCN: 18-7100		Period: From 01/01/2017 To 12/31/2017		Worksheet H-1 Part I Date/Time Prepared: 5/22/2018 3:35 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
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	934,651	0	0	0	934,651	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,365,880	0	0	0	2,365,880	6.00
7.00	Physical Therapy	1,538,488	0	0	0	1,538,488	7.00
8.00	Occupational Therapy	419,831	0	0	0	419,831	8.00
9.00	Speech Pathology	141,300	0	0	0	141,300	9.00
10.00	Medical Social Services	70,592	0	0	0	70,592	10.00
11.00	Home Health Aide	81,546	0	0	0	81,546	11.00
12.00	Supplies (see instructions)	271,614	0	0	0	271,614	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	860	0	0	0	860	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,824,762	0	0	0	5,824,762	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	934,651					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	452,192	2,818,072				6.00
7.00	Physical Therapy	294,053	1,832,541				7.00
8.00	Occupational Therapy	80,243	500,074				8.00
9.00	Speech Pathology	27,007	168,307				9.00
10.00	Medical Social Services	13,492	84,084				10.00
11.00	Home Health Aide	15,586	97,132				11.00
12.00	Supplies (see instructions)	51,914	323,528				12.00
13.00	Drugs	0	0				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	164	1,024				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)		5,824,762				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 18-7100

To 12/31/2017

Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	1,000	0		3.00
4.00	Transportation (see instructions)	0	0	0	60,543		4.00
5.00	Administrative and General	0	0	1,000	0	-934,651	4,890,111
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	28,226	0	2,365,880
7.00	Physical Therapy	0	0	0	23,249	0	1,538,488
8.00	Occupational Therapy	0	0	0	4,592	0	419,831
9.00	Speech Pathology	0	0	0	1,445	0	141,300
10.00	Medical Social Services	0	0	0	470	0	70,592
11.00	Home Health Aide	0	0	0	2,561	0	81,546
12.00	Supplies (see instructions)	0	0	0	0	0	271,614
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	860
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	1,000	60,543	-934,651	4,890,111
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	934,651
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.191131

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 18-7100

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	5.01	5.03	
1.00 Administrative and General	0	0	0	25,182	11,340	0	1.00
2.00 Skilled Nursing Care	2,818,072	0	0	610,022	0	0	2.00
3.00 Physical Therapy	1,832,541	0	0	390,856	0	0	3.00
4.00 Occupational Therapy	500,074	0	0	108,390	0	0	4.00
5.00 Speech Pathology	168,307	0	0	36,672	0	0	5.00
6.00 Medical Social Services	84,084	0	0	18,649	0	0	6.00
7.00 Home Health Aide	97,132	0	0	19,122	0	0	7.00
8.00 Supplies (see instructions)	323,528	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	1,024	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)	5,824,762	0	0	1,208,893	11,340	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	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMINITTING	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	
	5.04	5A.04	5.05	5.06	6.00	8.00	
1.00 Administrative and General	41	36,563	7,197	0	0	0	1.00
2.00 Skilled Nursing Care	0	3,428,094	674,758	0	0	0	2.00
3.00 Physical Therapy	0	2,223,397	437,636	0	0	0	3.00
4.00 Occupational Therapy	0	608,464	119,765	0	0	0	4.00
5.00 Speech Pathology	0	204,979	40,346	0	0	0	5.00
6.00 Medical Social Services	0	102,733	20,221	0	0	0	6.00
7.00 Home Health Aide	0	116,254	22,883	0	0	0	7.00
8.00 Supplies (see instructions)	0	323,528	63,681	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	1,024	202	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)	41	7,045,036	1,386,689	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.		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: 18-0102

Period: From 01/01/2017

Worksheet H-2 Part I

HHA CCN: 18-7100

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
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	15,869	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	15,869	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	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal		
	16.00	17.00	18.00	24.00	25.00	26.00		
1.00	Administrative and General	0	0	0	43,760	0	43,760	1.00
2.00	Skilled Nursing Care	0	0	0	4,102,852	0	4,102,852	2.00
3.00	Physical Therapy	0	0	0	2,661,033	0	2,661,033	3.00
4.00	Occupational Therapy	0	0	0	728,229	0	728,229	4.00
5.00	Speech Pathology	0	0	0	245,325	0	245,325	5.00
6.00	Medical Social Services	0	0	0	122,954	0	122,954	6.00
7.00	Home Health Aide	0	0	0	139,137	0	139,137	7.00
8.00	Supplies (see instructions)	0	0	0	403,078	0	403,078	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	1,226	0	1,226	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	8,447,594	0	8,447,594	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: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2017
To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Home Health
Agency I

PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	21,366	4,124,218		2.00
3.00	Physical Therapy	13,856	2,674,889		3.00
4.00	Occupational Therapy	3,792	732,021		4.00
5.00	Speech Pathology	1,277	246,602		5.00
6.00	Medical Social Services	640	123,594		6.00
7.00	Home Health Aide	724	139,861		7.00
8.00	Supplies (see instructions)	2,099	405,177		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	6	1,232		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	43,760	8,447,594		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.	0.005207			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: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	DATA PROCESSING (GROSS CHARGES)	
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	0	0	92,133	59	50,670	10,289,368	1.00
2.00	Skilled Nursing Care	0	0	2,231,904	0	0	0	2.00
3.00	Physical Therapy	0	0	1,430,037	0	0	0	3.00
4.00	Occupational Therapy	0	0	396,570	0	0	0	4.00
5.00	Speech Pathology	0	0	134,174	0	0	0	5.00
6.00	Medical Social Services	0	0	68,230	0	0	0	6.00
7.00	Home Health Aide	0	0	69,964	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	4,423,012	59	50,670	10,289,368	20.00
21.00	Total cost to be allocated	0	0	1,208,893	11,340	0	41	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.273319	192.203390	0.000000	0.000004	22.00
Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMINING (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5A.05	5.05	5.06	6.00	8.00	9.00	
1.00	Administrative and General	0	36,563	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	3,428,094	0	0	0	0	2.00
3.00	Physical Therapy	0	2,223,397	0	0	0	0	3.00
4.00	Occupational Therapy	0	608,464	0	0	0	0	4.00
5.00	Speech Pathology	0	204,979	0	0	0	0	5.00
6.00	Medical Social Services	0	102,733	0	0	0	0	6.00
7.00	Home Health Aide	0	116,254	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	323,528	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	1,024	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	7,045,036	0	0	0	0	20.00
21.00	Total cost to be allocated	0	1,386,689	0	0	0	0	21.00
22.00	Unit cost multiplier		0.196832	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		10.00	11.00	13.00	14.00	15.00	16.00	
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	268,779	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	268,779	0	0	20.00
21.00	Total cost to be allocated	0	0	0	15,869	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.059041	0.000000	0.000000	22.00
Cost Center Description		SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE					
			PATIENT TRANSPORT (GROSS CHARGES)	17.00	18.00			
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Tel emedicine	0	0					19.50
20.00	Total (sum of lines 1-19)	0	0					20.00
21.00	Total cost to be allocated	0	0					21.00
22.00	Unit cost multiplier	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/22/2018 3:35 pm
		HHA CCN: 18-7100	Title XVIII	Home Health Agency I

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	4,124,218		4,124,218	29,104	141.71	1.00
2.00	Physical Therapy	3.00	2,674,889	0	2,674,889	23,559	113.54	2.00
3.00	Occupational Therapy	4.00	732,021	0	732,021	5,053	144.87	3.00
4.00	Speech Pathology	5.00	246,602	0	246,602	1,548	159.30	4.00
5.00	Medical Social Services	6.00	123,594		123,594	513	240.92	5.00
6.00	Home Health Aide	7.00	139,861		139,861	2,516	55.59	6.00
7.00	Total (sum of lines 1-6)		8,041,185	0	8,041,185	62,293		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	0	0		8.00
8.01	Skilled Nursing Care		99918	0	17,046		8.01
9.00	Physical Therapy		99914	0	0		9.00
9.01	Physical Therapy		99918	0	13,824		9.01
10.00	Occupational Therapy		99914	0	0		10.00
10.01	Occupational Therapy		99918	0	2,932		10.01
11.00	Speech Pathology		99914	0	0		11.00
11.01	Speech Pathology		99918	0	828		11.01
12.00	Medical Social Services		99914	0	0		12.00
12.01	Medical Social Services		99918	0	318		12.01
13.00	Home Health Aide		99914	0	0		13.00
13.01	Home Health Aide		99918	0	1,962		13.01
14.00	Total (sum of lines 8-13)			0	36,910		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	405,177	0	405,177	365,662	1.108064	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description	Part A	Program Visits		Part A	Part B	Ratio (col. 3 ÷ col. 4)		
		Not Subject to Deductibles & Coinsurance	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	17,046		0	2,415,589	1.00
2.00	Physical Therapy	0	13,824		0	1,569,577	2.00
3.00	Occupational Therapy	0	2,932		0	424,759	3.00
4.00	Speech Pathology	0	828		0	131,900	4.00
5.00	Medical Social Services	0	318		0	76,613	5.00
6.00	Home Health Aide	0	1,962		0	109,068	6.00
7.00	Total (sum of lines 1-6)	0	36,910		0	4,727,506	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 18-0102	Period: From 01/01/2017	Worksheet H-3
				HHA CCN: 18-7100	To 12/31/2017	Part I
				Title XVIII	Home Health Agency I	Date/Time Prepared: 5/22/2018 3:35 pm
						PPS

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
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
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	221,627	0	0	245,577	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

Cost Center Description		Total Program Cost (sum of col.s. 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	2,415,589						1.00
2.00	Physical Therapy	1,569,577						2.00
3.00	Occupational Therapy	424,759						3.00
4.00	Speech Pathology	131,900						4.00
5.00	Medical Social Services	76,613						5.00
6.00	Home Health Aide	109,068						6.00
7.00	Total (sum of lines 1-6)	4,727,506						7.00

Cost Center Description		
		12.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-3
Part II
Date/Time Prepared:
5/22/2018 3:35 pm
PPS

Title XVIII

Home Health
Agency I

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	0.330187	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.283771	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.172902	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.527550	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.188271	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	1.244989	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 HHA CCN: 18-7100	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	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
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			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	5,376,959	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	357,869	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	77,904	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	55,160	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	84,290	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	5,382	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	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	5,957,564	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	5,957,564	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	5,957,564	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	5,957,564	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
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	5,957,564	31.00
31.01	Sequestration adjustment (see instructions)	0	119,068	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	4,105	31.02
32.00	Interim payments (see instructions)	0	5,834,391	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: 18-0102
HHA CCN: 18-7100

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

Worksheet H-5
Date/Time Prepared:
5/22/2018 3:35 pm
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		5,834,391	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		5,834,391	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		4,105	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,838,496	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 18-1507

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 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*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		201,883	201,883	0	201,883
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	972,523	972,523	0	972,523
4.00	ADMINISTRATIVE & GENERAL*	72,657	1,788,918	1,861,575	-3,040,674	-1,179,099
5.00	PLANT OPERATION & MAINTENANCE*	0	165,538	165,538	0	165,538
6.00	LAUNDRY & LINEN SERVICE*	0	573	573	0	573
7.00	HOUSEKEEPING*	0	1,129	1,129	0	1,129
8.00	DIETARY*	0	2,513	2,513	0	2,513
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	77,619	77,619	0	77,619
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	189,540	189,540	0	189,540
13.00	VOLUNTEER SERVICE COORDINATION*	360	0	360	0	360
14.00	PHARMACY*	0	547,802	547,802	0	547,802
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		8,867	8,867	0	8,867
26.00	PHYSICIAN SERVICES**	0	311,803	311,803	0	311,803
27.00	NURSE PRACTITIONER**	38,753	0	38,753	0	38,753
28.00	REGISTERED NURSE**	2,596,593	0	2,596,593	0	2,596,593
29.00	LPN/LVN**	343,608	0	343,608	0	343,608
30.00	PHYSICAL THERAPY**	3,198	0	3,198	0	3,198
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	368,332	0	368,332	0	368,332
34.00	SPIRITUAL COUNSELING**	316,491	0	316,491	0	316,491
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	429,304	0	429,304	0	429,304
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	404,703	404,703	0	404,703
39.00	PATIENT TRANSPORTATION**	0	49,706	49,706	0	49,706
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	9,012	9,012	0	9,012
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	86,065	86,065	0	86,065
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	66,902	66,902	0	66,902
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	29,401	0	29,401	0	29,401
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	61,634	0	61,634	0	61,634
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	1,238	1,238	0	1,238
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	745,464	745,464	0	745,464
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	4,260,331	5,631,798	9,892,129	-3,040,674	6,851,455

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 18-1507

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	201,883	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	972,523	3.00
4.00	ADMINISTRATIVE & GENERAL*	-350	-1,179,449	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	165,538	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	573	6.00
7.00	HOUSEKEEPING*	0	1,129	7.00
8.00	DIETARY*	0	2,513	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	77,619	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	189,540	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	360	13.00
14.00	PHARMACY*	0	547,802	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	8,867	25.00
26.00	PHYSICIAN SERVICES**	0	311,803	26.00
27.00	NURSE PRACTITIONER**	0	38,753	27.00
28.00	REGISTERED NURSE**	0	2,596,593	28.00
29.00	LPN/LVN**	0	343,608	29.00
30.00	PHYSICAL THERAPY**	0	3,198	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	368,332	33.00
34.00	SPIRITUAL COUNSELING**	0	316,491	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	429,304	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	404,703	38.00
39.00	PATIENT TRANSPORTATION**	0	49,706	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	9,012	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	86,065	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
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	66,902	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	29,401	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	61,634	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	1,238	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	745,464	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-350	6,851,105	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 14-1548

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		Hospice II				
		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*		4,366	4,366	0	4,366
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	54,185	54,185	0	54,185
4.00	ADMINISTRATIVE & GENERAL*	1,467	96,306	97,773	-131,112	-33,339
5.00	PLANT OPERATION & MAINTENANCE*	0	8,314	8,314	0	8,314
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	18,173	18,173	0	18,173
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	10,631	10,631	0	10,631
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	56,103	56,103	0	56,103
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		1,965	1,965	0	1,965
26.00	PHYSICIAN SERVICES**	0	24,218	24,218	0	24,218
27.00	NURSE PRACTITIONER**	35,250	0	35,250	0	35,250
28.00	REGISTERED NURSE**	134,174	0	134,174	0	134,174
29.00	LPN/LVN**	18,015	0	18,015	0	18,015
30.00	PHYSICAL THERAPY**	2,868	0	2,868	0	2,868
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	59	0	59	0	59
33.00	MEDICAL SOCIAL SERVICES**	16,741	0	16,741	0	16,741
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	23,589	0	23,589	0	23,589
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	60,197	60,197	0	60,197
39.00	PATIENT TRANSPORTATION**	0	3,662	3,662	0	3,662
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	328	328	0	328
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	30,801	30,801	0	30,801
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	1,746	1,746	0	1,746
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	139,877	139,877	0	139,877
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	232,163	510,872	743,035	-131,112	611,923

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 14-1548

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice II
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	4,366	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	54,185	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	-33,339	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	8,314	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	18,173	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	10,631	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	56,103	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	1,965	25.00
26.00	PHYSICIAN SERVICES**	0	24,218	26.00
27.00	NURSE PRACTITIONER**	0	35,250	27.00
28.00	REGISTERED NURSE**	0	134,174	28.00
29.00	LPN/LVN**	0	18,015	29.00
30.00	PHYSICAL THERAPY**	0	2,868	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	59	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	16,741	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	23,589	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	60,197	38.00
39.00	PATIENT TRANSPORTATION**	0	3,662	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	328	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	30,801	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	1,746	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	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	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	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	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	139,877	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	611,923	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

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

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-1

Hospice CCN: 18-1507

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		Hospice I				
		SALARIES	OTHER	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	14	14	0	14 26.00
27.00	NURSE PRACTITIONER	2	0	2	0	2 27.00
28.00	REGISTERED NURSE	114	0	114	0	114 28.00
29.00	LPN/LVN	15	0	15	0	15 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	16	0	16	0	16 33.00
34.00	SPIRITUAL COUNSELING	14	0	14	0	14 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 & HOME MAKER SERVICES	19	0	19	0	19 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	18	18	0	18 38.00
39.00	PATIENT TRANSPORTATION	0	2	2	0	2 39.00
40.00	IMAGING SERVICES	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4	4	0	4 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 42.50
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	3	3	0	3 46.00
100.00	TOTAL *	180	41	221	0	221 100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	14	26.00
27.00	NURSE PRACTITIONER	0	2	27.00
28.00	REGISTERED NURSE	0	114	28.00
29.00	LPN/LVN	0	15	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	16	33.00
34.00	SPIRITUAL COUNSELING	0	14	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	19	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	18	38.00
39.00	PATIENT TRANSPORTATION	0	2	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
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	3	46.00
100.00	TOTAL *	0	221	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 18-0102 Hospice CCN: 18-1507	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-2 Date/Time Prepared: 5/22/2018 3:35 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	HOSPICE I RECLASSIFICATIONS	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	0	278,117	278,117	0	278,117	26.00
27.00	NURSE PRACTITIONER	34,566	0	34,566	0	34,566	27.00
28.00	REGISTERED NURSE	2,316,070	0	2,316,070	0	2,316,070	28.00
29.00	LPN/LVN	306,486	0	306,486	0	306,486	29.00
30.00	PHYSICAL THERAPY	2,853	0	2,853	0	2,853	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	328,539	0	328,539	0	328,539	33.00
34.00	SPIRITUAL COUNSELING	282,299	0	282,299	0	282,299	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 & HOME MAKER SERVICES	382,924	0	382,924	0	382,924	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	360,981	360,981	0	360,981	38.00
39.00	PATIENT TRANSPORTATION	0	44,336	44,336	0	44,336	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	8,039	8,039	0	8,039	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	76,767	76,767	0	76,767	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
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	59,674	59,674	0	59,674	46.00
100.00	TOTAL *	3,653,737	827,914	4,481,651	0	4,481,651	100.00

* Transfer the amount in column 7 to Wkst. 0-5, 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	0	278,117	26.00
27.00	NURSE PRACTITIONER	0	34,566	27.00
28.00	REGISTERED NURSE	0	2,316,070	28.00
29.00	LPN/LVN	0	306,486	29.00
30.00	PHYSICAL THERAPY	0	2,853	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	328,539	33.00
34.00	SPIRITUAL COUNSELING	0	282,299	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	382,924	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	360,981	38.00
39.00	PATIENT TRANSPORTATION	0	44,336	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	8,039	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	76,767	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
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	59,674	46.00
100.00	TOTAL *	0	4,481,651	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

Provider CCN: 18-0102

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

Worksheet 0-2

Hospice CCN: 14-1548

Date/Time Prepared: 5/22/2018 3:35 pm

		Hospice II				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	24,132	24,132	0	26.00
27.00	NURSE PRACTITIONER	35,125	0	35,125	0	27.00
28.00	REGISTERED NURSE	133,699	0	133,699	0	28.00
29.00	LPN/LVN	17,951	0	17,951	0	29.00
30.00	PHYSICAL THERAPY	2,858	0	2,858	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	59	0	59	0	32.00
33.00	MEDICAL SOCIAL SERVICES	16,682	0	16,682	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	23,505	0	23,505	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	59,984	59,984	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,649	3,649	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	327	327	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	30,692	30,692	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	1,740	1,740	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	229,879	120,524	350,403	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	24,132	26.00
27.00	NURSE PRACTITIONER	0	35,125	27.00
28.00	REGISTERED NURSE	0	133,699	28.00
29.00	LPN/LVN	0	17,951	29.00
30.00	PHYSICAL THERAPY	0	2,858	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	59	32.00
33.00	MEDICAL SOCIAL SERVICES	0	16,682	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	23,505	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	59,984	38.00
39.00	PATIENT TRANSPORTATION	0	3,649	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	327	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	30,692	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	1,740	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 *	0	350,403	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-3

Hospice CCN: 18-1507

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		7,963	7,963	0	7,963	25.00
26.00	PHYSICIAN SERVICES	0	1,880	1,880	0	1,880	26.00
27.00	NURSE PRACTITIONER	234	0	234	0	234	27.00
28.00	REGISTERED NURSE	15,654	0	15,654	0	15,654	28.00
29.00	LPN/LVN	2,072	0	2,072	0	2,072	29.00
30.00	PHYSICAL THERAPY	19	0	19	0	19	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	2,221	0	2,221	0	2,221	33.00
34.00	SPIRITUAL COUNSELING	1,908	0	1,908	0	1,908	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 & HOME MAKER SERVICES	2,588	0	2,588	0	2,588	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,440	2,440	0	2,440	38.00
39.00	PATIENT TRANSPORTATION	0	300	300	0	300	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	54	54	0	54	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	519	519	0	519	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
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	403	403	0	403	46.00
100.00	TOTAL *	24,696	13,559	38,255	0	38,255	100.00

* Transfer the amount in column 7 to Wkst. 0-5, 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	7,963	25.00
26.00	PHYSICIAN SERVICES	0	1,880	26.00
27.00	NURSE PRACTITIONER	0	234	27.00
28.00	REGISTERED NURSE	0	15,654	28.00
29.00	LPN/LVN	0	2,072	29.00
30.00	PHYSICAL THERAPY	0	19	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	2,221	33.00
34.00	SPIRITUAL COUNSELING	0	1,908	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,588	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,440	38.00
39.00	PATIENT TRANSPORTATION	0	300	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	54	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	519	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
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	403	46.00
100.00	TOTAL *	0	38,255	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS FOR HOSPI CE INPATIENT RESPI TE CARE

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-3

Hospice CCN: 14-1548

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		Hospice II				
		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	25.00
26.00	PHYSICIAN SERVICES	0	86	86	0	26.00
27.00	NURSE PRACTITIONER	125	0	125	0	27.00
28.00	REGISTERED NURSE	475	0	475	0	28.00
29.00	LPN/LVN	64	0	64	0	29.00
30.00	PHYSICAL THERAPY	10	0	10	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	59	0	59	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPI CE AI DE & HOME MAKER SERVICES	84	0	84	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	213	213	0	38.00
39.00	PATIENT TRANSPORTATION	0	13	13	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	109	109	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	6	6	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	817	428	1,245	0	1,245

* Transfer the amount in column 7 to Wkst. 0-5, 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
26.00	PHYSICIAN SERVICES	0	86
27.00	NURSE PRACTITIONER	0	125
28.00	REGISTERED NURSE	0	475
29.00	LPN/LVN	0	64
30.00	PHYSICAL THERAPY	0	10
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	59
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPI CE AI DE & HOME MAKER SERVICES	0	84
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	213
39.00	PATIENT TRANSPORTATION	0	13
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	1
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	109
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	6
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	1,245

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 18-0102 Hospice CCN: 18-1507	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-4 Date/Time Prepared: 5/22/2018 3:35 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		904	904	0	904	25.00
26.00	PHYSICIAN SERVICES	0	31,792	31,792	0	31,792	26.00
27.00	NURSE PRACTITIONER	3,951	0	3,951	0	3,951	27.00
28.00	REGISTERED NURSE	264,755	0	264,755	0	264,755	28.00
29.00	LPN/LVN	35,035	0	35,035	0	35,035	29.00
30.00	PHYSICAL THERAPY	326	0	326	0	326	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	37,556	0	37,556	0	37,556	33.00
34.00	SPIRITUAL COUNSELING	32,270	0	32,270	0	32,270	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 & HOME MAKER SERVICES	43,773	0	43,773	0	43,773	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	41,264	41,264	0	41,264	38.00
39.00	PATIENT TRANSPORTATION	0	5,068	5,068	0	5,068	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	919	919	0	919	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	8,775	8,775	0	8,775	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
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	6,822	6,822	0	6,822	46.00
100.00	TOTAL *	417,666	95,544	513,210	0	513,210	100.00

* Transfer the amount in column 7 to Wkst. 0-5, 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	904	25.00
26.00	PHYSICIAN SERVICES	0	31,792	26.00
27.00	NURSE PRACTITIONER	0	3,951	27.00
28.00	REGISTERED NURSE	0	264,755	28.00
29.00	LPN/LVN	0	35,035	29.00
30.00	PHYSICAL THERAPY	0	326	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	37,556	33.00
34.00	SPIRITUAL COUNSELING	0	32,270	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	43,773	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	41,264	38.00
39.00	PATIENT TRANSPORTATION	0	5,068	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	919	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	8,775	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
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	6,822	46.00
100.00	TOTAL *	0	513,210	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-4 Date/Time Prepared: 5/22/2018 3:35 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice II RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		1,965	1,965	0	1,965	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	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	0	0	0	0	0	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	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	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	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
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 *	0	1,965	1,965	0	1,965	100.00

* Transfer the amount in column 7 to Wkst. 0-5, 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	1,965	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	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	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
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 *	0	1,965	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

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

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-5

Hospice CCN: 18-1507

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	86,469	86,469	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	201,883	9,705	211,588	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	972,523	890,154	1,862,677	3.00
4.00	ADMINISTRATIVE & GENERAL	0	1,553,060	1,553,060	4.00
5.00	PLANT OPERATION & MAINTENANCE	165,538	304,355	469,893	5.00
6.00	LAUNDRY & LINEN SERVICE	573	0	573	6.00
7.00	HOUSEKEEPING	1,129	94,702	95,831	7.00
8.00	DIETARY	2,513	0	2,513	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	77,619	12,410	90,029	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	189,540	0	189,540	12.00
13.00	VOLUNTEER SERVICE COORDINATION	360	0	360	13.00
14.00	PHARMACY	547,802	0	547,802	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	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	221	0	221	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,481,651	0	4,481,651	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	38,255	0	38,255	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	513,210	0	513,210	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	29,401	0	29,401	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	61,634	0	61,634	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	1,238	0	1,238	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	745,464	0	745,464	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-1,179,449	0	-1,179,449	99.00
100.00	TOTAL	6,851,105	2,950,855	9,801,960	100.00

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

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-5

Hospice CCN: 14-1548

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

Descriptions		Hospice II		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	4,366	0	4,366	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	54,185	56,027	110,212	3.00
4.00	ADMINISTRATIVE & GENERAL	0	131,482	131,482	4.00
5.00	PLANT OPERATION & MAINTENANCE	8,314	0	8,314	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	18,173	1,550	19,723	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	10,631	0	10,631	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	56,103	0	56,103	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	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	350,403	0	350,403	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,245	0	1,245	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,965	0	1,965	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	139,877	0	139,877	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-33,339	0	-33,339	99.00
100.00	TOTAL	611,923	189,059	800,982	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	86,469	86,469			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	211,588		211,588		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,862,677	0	0	1,862,677	3.00
4.00	ADMINISTRATIVE & GENERAL	1,553,060	86,469	211,588	31,769	4.00
5.00	PLANT OPERATION & MAINTENANCE	469,893	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	573	0	0	0	6.00
7.00	HOUSEKEEPING	95,831	0	0	0	7.00
8.00	DIETARY	2,513	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	90,029	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	189,540	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	360	0	0	157	13.00
14.00	PHARMACY	547,802	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	221			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,481,651			1,597,533	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	38,255	0	0	10,798	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	513,210	0	0	182,617	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	29,401	0	0	12,855	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	61,634	0	0	26,948	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	1,238	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	745,464				70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-1,179,449	0	0	0	99.00
100.00	TOTAL	9,801,960	86,469	211,588	1,862,677	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice I					
	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	1,882,886					4.00
5.00 PLANT OPERATION & MAINTENANCE	105,920	575,813				5.00
6.00 LAUNDRY & LINEN SERVICE	129	0	702			6.00
7.00 HOUSEKEEPING	21,602	0		117,433		7.00
8.00 DIETARY	566	0		0	3,079	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	20,294	575,813		117,433		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	42,725	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	117	0		0		13.00
14.00 PHARMACY	123,482	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		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	50					50.00
51.00 HOSPICE ROUTINE HOME CARE	1,370,324					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	11,057	0	124	0	546	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	156,848	0	578	0	2,533	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	9,525	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	19,968	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	279	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT 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	1,882,886	575,813	702	117,433	3,079	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice I					
	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						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	803,569			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			232,265	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	634 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	0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	17	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	774,218	0	227,308	565 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	5,201	0	456	4 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	24,133	0	4,501	65 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	0	803,569	0	232,265	634 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	671,284					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	14	0	0		302	50.00
51.00	646,765	0	0		9,098,364	51.00
52.00	4,345	0	0	0	70,786	52.00
53.00	20,160	0	0	0	904,645	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		51,781	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		108,550	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		1,517	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					745,464	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	-1,179,449	99.00
100.00	671,284	0	0	0	9,801,960	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice II				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,366	4,366			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	110,212	0	0	110,212	3.00
4.00	ADMINISTRATIVE & GENERAL	131,482	4,366	0	697	136,545
5.00	PLANT OPERATION & MAINTENANCE	8,314	0	0	0	8,314
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	19,723	0	0	0	19,723
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	10,631	0	0	0	10,631
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	56,103	0	0	0	56,103
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	350,403			101,179	451,582
52.00	HOSPICE INPATIENT RESPIRE CARE	1,245	0	0	388	1,633
53.00	HOSPICE GENERAL INPATIENT CARE	1,965	0	0	7,948	9,913
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	139,877				139,877
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	-33,339	0	0	0	99.00
100.00	TOTAL	800,982	4,366	0	110,212	800,982

COST ALLOCATION - HOSPITAL-BASED HOSPI CE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice II					
	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	136,545					4.00
5.00 PLANT OPERATION & MAINTENANCE	2,035	10,349				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	4,827	10,349		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	2,602	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	13,731	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		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	110,524					51.00
52.00 HOSPICE INPATIENT RESPI TE CARE	400	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	2,426	0	0	0	0	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 THIRFT 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	136,545	10,349	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice II					
	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						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	34,899			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			13,233	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	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	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	34,231	0	12,877	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	114	0	21	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	554	0	335	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	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			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	34,899	0	13,233	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1548

To 12/31/2017

Part I
Date/Time Prepared:
5/22/2018 3:35 pm

Descriptions	Hospice II				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	69,834					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	68,497	0	0		677,711	51.00
52.00	229	0	0	0	2,397	52.00
53.00	1,108	0	0	0	14,336	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					139,877	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	-33,339	99.00
100.00	69,834	0	0	0	800,982	100.00

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

Provider CCN: 18-0102

Hospice CCN: 18-1507

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		(SQUARE FEET)	(DOLLAR VALUE)				
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	9,308					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		9,308				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,260,154			3.00
4.00	ADMINISTRATIVE & GENERAL	9,308	9,308	72,660	-1,882,886	8,353,059	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	469,893	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	573	6.00
7.00	HOUSEKEEPING	0	0	0	0	95,831	7.00
8.00	DIETARY	0	0	0	0	2,513	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	90,029	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	189,540	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	360	0	517	13.00
14.00	PHARMACY	0	0	0	0	547,802	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	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	221	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,653,737	0	6,079,184	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	24,696	0	49,053	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	417,666	0	695,827	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	29,401	0	42,256	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	61,634	0	88,582	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	1,238	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				-745,464		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. 0-6, Part I)	86,469	211,588	1,862,677		1,882,886	100.00
101.00	UNIT COST MULTIPLIER	9.289751	22.731844	0.437232		0.225413	101.00

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

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 18-1507

To 12/31/2017

Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Descriptions		Hospice I					
		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	9,308					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,692				6.00
7.00	HOUSEKEEPING	0		9,308			7.00
8.00	DIETARY	0		0	1,692		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,308		9,308			10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0			13.00
14.00	PHARMACY	0		0			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	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	300	0	300	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,392	0	1,392	0	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	0		0		0	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. 0-6, Part I)	575,813	702	117,433	3,079	0	100.00
101.00	UNIT COST MULTIPLIER	61.862162	0.414894	12.616352	1.819740	0.000000	101.00

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

Provider CCN: 18-0102

Hospice CCN: 18-1507

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Descriptions		Hospice I					
		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	46,350					10.00
11.00	MEDICAL RECORDS		46,350				11.00
12.00	STAFF TRANSPORTATION			526,257			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,664		13.00
14.00	PHARMACY			0	0	46,350	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	1	1	0	0	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	44,657	44,657	515,025	1,484	44,657	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	300	300	1,034	10	300	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,392	1,392	10,198	170	1,392	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			0	0	0	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. 0-6, Part I)	803,569	0	232,265	634	671,284	100.00
101.00	UNIT COST MULTIPLIER	17.336980	0.000000	0.441353	0.381010	14.482934	101.00

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

Provider CCN: 18-0102

Hospice CCN: 18-1507

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		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	46,349				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,692		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	44,657	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	300	0	300		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,392	0	1,392		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		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0			99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

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

Provider CCN: 18-0102

Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

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 & FIX	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	232,163			3.00
4.00	ADMINISTRATIVE & GENERAL	100	100	1,468	-136,545	557,899	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	8,314	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	19,723	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	10,631	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	56,103	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	0	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			213,135	0	451,582	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	817	0	1,633	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	16,743	0	9,913	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	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	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	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				-139,877		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. 0-6, Part I)	4,366	0	110,212		136,545	100.00
101.00	UNIT COST MULTIPLIER	43.660000	0.000000	0.474718		0.244749	101.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Descriptions		Hospice II					
		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	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	152				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	152		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	100		100		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		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	26	0	26	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	126	0	126	0	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. 0-6, Part I)	10,349	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	103.490000	0.000000	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPI CE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Descriptions		Hospice II					
		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	7,944					10.00
11.00	MEDICAL RECORDS		7,944				11.00
12.00	STAFF TRANSPORTATION			24,829			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	415	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	7,792	7,792	24,162	384	7,792	51.00
52.00	HOSPICE INPATIENT RESPI TE CARE	26	26	39	1	26	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	126	126	628	30	126	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			0	0	0	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. 0-6, Part I)	34,899	0	13,233	0	69,834	100.00
101.00	UNIT COST MULTIPLIER	4.393127	0.000000	0.532965	0.000000	8.790785	101.00

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

Provider CCN: 18-0102

Hospice CCN: 14-1548

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/22/2018 3:35 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice II	
		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	7,944				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			152		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	7,792	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	26	0	26		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	126	0	126		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		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0			99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

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

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-7

Hospice CCN: 18-1507

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

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	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.330187	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.283771	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.172902	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.188271	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	1.244989	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.138702	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.527550	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.225931	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.044774	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	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
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
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
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						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

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

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-7

Hospice CCN: 14-1548

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

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	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.330187	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.283771	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.172902	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.188271	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	1.244989	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.138702	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.527550	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.225931	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.044774	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	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
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
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
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						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-8

Hospice CCN: 18-1507

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			302	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			1	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			302.00	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. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			9,098,364	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			44,657	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			203.74	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	38,745	2,249		9.00
10.00	Program cost (line 8 times line 9)	7,893,906	458,211		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			70,786	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			300	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			235.95	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	255	39		14.00
15.00	Program cost (line 13 times line 14)	60,167	9,202		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			904,645	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,392	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			649.89	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,026	167		19.00
20.00	Program cost (line 18 times line 19)	666,787	108,532		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			10,074,097	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			46,350	22.00
23.00	Average cost per diem (line 21 divided by line 22)			217.35	23.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period: From 01/01/2017

Worksheet 0-8

Hospice CCN: 14-1548

To 12/31/2017

Date/Time Prepared: 5/22/2018 3:35 pm

		Hospice II			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, 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. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			677,711	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			7,792	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			86.98	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	7,057	240		9.00
10.00	Program cost (line 8 times line 9)	613,818	20,875		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			2,397	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			26	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			92.19	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	26	0		14.00
15.00	Program cost (line 13 times line 14)	2,397	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			14,336	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			126	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			113.78	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	126	0		19.00
20.00	Program cost (line 18 times line 19)	14,336	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			694,444	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,944	22.00
23.00	Average cost per diem (line 21 divided by line 22)			87.42	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0102	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/22/2018 3:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,159,352	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		34,959	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)		114.29	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)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,194,311	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