This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/24/2018 2:31 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 5/24/2018 Time: 2:31 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. [1] Cost Report Status
(1) As Submitted
(2) Settled without Audit
(3) Settled with Audit
(4) Reopened
(5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTHEASTHEALTH (26-0110) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Encryption Information
ECR: Date: 5/24/2018 Time: 2:31 pm
yhXTGtaTMIzvyW6YjYPxnd5jjK3FG0
T0Vb30FMnnA90ILFkE.n4r3OBV.fLU
.1tq2QW4wv0KNAI3
PI: Date: 5/24/2018 Time: 2:31 pm
ORzQu2kK9o2qALJLCfASejW2E70gt0
fts5l095GvtnqB1t7QzWQqsWP.UDIH
Xlmx0O1j6E0i4sfk

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-2,033,620	85,359	0	4,674,147	1.00
2.00	Subprovider - IPF	0	28,766	0		-345,586	2.00
3.00	Subprovider - IRF	0	42,105	0		84,317	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
10.01	RURAL HEALTH CLINIC II	0		97,531		0	10.01
10.02	RURAL HEALTH CLINIC III	0		0		0	10.02
200.00	Total	0	-1,962,749	182,890	0	4,412,878	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:53 pm

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

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SOUTHEASTHEALTH	260110	16020	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRIC UNIT	26S110	16020	4	12/23/1992	N	P	O	4.00
5.00	Subprovider - IRF	COMPREHENSIVE REHAB UNIT	26T110	16020	5	01/01/2002	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	SOUTHEAST MO HOSP REG HOME HEALTH	267121	16020		06/30/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	SOUTHEAST HOSPICE	261537	16020		07/21/1993				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
15.01	Hospital-Based Health Clinic - RHC II	PLAZA PRIMARY CARE WEST	268657	16020		02/01/2011	N	O	N	15.01
15.02	Hospital-Based Health Clinic - RHC III	SOUTHEAST PEDIATRICS	268674	16020		07/16/2012	N	O	N	15.02
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2017	12/31/2017	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(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.	3,780	689	560	0	1,115	121	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:53 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	152	17	15	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.02	1	60.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:53 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.03	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.05

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

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

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:53 pm

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

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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:53 pm

		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	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? 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)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:53 pm

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,879,979	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain 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.	Y	5.06	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0719	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/22/2018 3:53 pm

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

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

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

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2017	09/30/2017	170.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	04/02/2018	Y	04/02/2018	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD		LLP		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	417.865.8701		SFDCOSTREPORTS@BKD.COM		43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2018 3:53 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	170	62,050	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		170	62,050	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE	33.01	14	5,110	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	34.01	12	4,380	0.00	0	11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		196	71,540	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	13	4,745		0	16.00
17.00	SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.01	RURAL HEALTH CLINIC II	88.01				0	26.01
26.02	RURAL HEALTH CLINIC III	88.02				0	26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		222				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2018 3:53 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,558	2,476	28,817			1.00
2.00	HMO and other (see instructions)	2,884	2,404				2.00
3.00	HMO IPF Subprovider	74	291				3.00
4.00	HMO IRF Subprovider	78	32				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,558	2,476	28,817			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE	1,842	583	3,579			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	1,574	141	2,769			11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		540	2,535			13.00
14.00	Total (see instructions)	19,974	3,740	37,700	0.00	1,714.08	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	678	608	2,427	0.00	17.19	16.00
17.00	SUBPROVIDER - IRF	1,323	152	2,027	0.00	13.68	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	3,605	245	6,389	0.00	14.63	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	16.50	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.01	RURAL HEALTH CLINIC II	7,949	2,044	29,529	0.00	32.41	26.01
26.02	RURAL HEALTH CLINIC III	0	4,653	20,980	0.00	16.87	26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,825.36	27.00
28.00	Observation Bed Days		617	7,890			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			490			30.00
31.00	Employee discount days - IRF			57			31.00
32.00	Labor & delivery days (see instructions)	0	121	447			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2018 3:53 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,006	690	7,774	1.00
2.00	HMO and other (see instructions)			475	569		2.00
3.00	HMO IPF Subprovider				109		3.00
4.00	HMO IRF Subprovider				1		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE						10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU						11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,006	690	7,774	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	173	184	741	16.00
17.00	SUBPROVIDER - IRF	0.00	0	120	13	181	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.01	RURAL HEALTH CLINIC II	0.00					26.01
26.02	RURAL HEALTH CLINIC III	0.00					26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part II Date/Time Prepared: 5/22/2018 3:53 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	119,829,551	0	119,829,551	3,796,752.53	31.56	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		3,095,630	0	3,095,630	31,956.00	96.87	3.00
4.00	Physician-Part A - Administrative		424,310	0	424,310	2,157.00	196.71	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		14,637,469	0	14,637,469	105,397.00	138.88	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		1,643,398	0	1,643,398	80,640.00	20.38	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		8,002,101	0	8,002,101	219,055.00	36.53	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		31,500,176	97,768	31,597,944	700,272.78	45.12	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,840,379	0	2,840,379	39,421.83	72.05	11.00
12.00	Contract labor: Top level management and other management and administrative services		5,327	0	5,327	75.05	70.98	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		6,452,675	0	6,452,675	199,862.00	32.29	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,969,335	0	18,969,335			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,714,999	0	4,714,999			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		158,854	0	158,854			21.00
22.00	Physician Part A - Administrative		43,182	0	43,182			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,372,811	0	1,372,811			23.00
24.00	Wage-related costs (RHC/FQHC)		488,532	0	488,532			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,747,015	0	1,747,015			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	819,121	0	819,121	31,416.59	26.07	26.00
27.00	Administrative & General	5.00	13,310,285	0	13,310,285	502,736.83	26.48	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0110

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

Worksheet S-3 Part II Date/Time Prepared: 5/22/2018 3:53 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.)		498,575	0	498,575	5,791.01	86.09	28.00
29.00	Maintenance & Repairs	6.00	1,901,130	0	1,901,130	77,532.00	24.52	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	1,830,354	0	1,830,354	158,437.81	11.55	32.00
33.00	Housekeeping under contract (see instructions)		16,879	0	16,879	1,357.71	12.43	33.00
34.00	Dietary	10.00	1,226,907	0	1,226,907	100,774.81	12.17	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,194,914	-52,702	3,142,212	109,303.25	28.75	38.00
39.00	Central Services and Supply	14.00	736,291	0	736,291	47,353.70	15.55	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,468,162	0	1,468,162	81,500.28	18.01	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0110

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2018 3:53 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		92,966,407	0	92,966,407	3,366,853.25	27.61	1.00
2.00	Excluded area salaries (see instructions)		31,500,176	97,768	31,597,944	700,272.78	45.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)		61,466,231	-97,768	61,368,463	2,666,580.47	23.01	3.00
4.00	Subtotal other wages & related costs (see inst.)		9,298,381	0	9,298,381	239,358.88	38.85	4.00
5.00	Subtotal wage-related costs (see inst.)		20,759,532	0	20,759,532	0.00	33.83	5.00
6.00	Total (sum of lines 3 thru 5)		91,524,144	-97,768	91,426,376	2,905,939.35	31.46	6.00
7.00	Total overhead cost (see instructions)		25,002,618	-52,702	24,949,916	1,116,203.99	22.35	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2018 3:53 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	4,674,397	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	41,244	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	12,201,674	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	254,140	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	124,408	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)	622,209	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	893,334	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	6,873,957	17.00
18.00	Medicare Taxes - Employers Portion Only	3,491	18.00
19.00	Unemployment Insurance	27,125	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	31,735	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,747,714	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	25,747,714	1.00
2.00	Hospital	0	23,938,713	2.00
3.00	Subprovider - IPF	0	227,460	3.00
4.00	Subprovider - IRF	0	163,388	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	223,220	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	229,420	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	584,753	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	380,760	14.02
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-7121	Period: From 01/01/2017 To 12/31/2017	Worksheet S-4 Date/Time Prepared: 5/22/2018 3:53 pm
		Home Health Agency I	PPS

					1.00		
0.00	County				CAPE GIRARDEAU		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	443	0	265	708	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	305.00	36.00	207.00	0.00	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			1.99	0.00	1.99	5.00
6.00	Direct Nursing Service			6.50	0.00	6.50	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.72	0.00	2.72	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.01	0.00	1.01	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.07	0.00	0.07	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.70	0.00	0.70	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.34	0.00	0.34	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).			16020			20.00
20.01				99926			20.01
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,372	180	64	22	1,638	21.00
22.00	Skilled Nursing Visit Charges	204,771	26,865	9,552	3,284	244,472	22.00
23.00	Physical Therapy Visits	1,359	20	45	9	1,433	23.00
24.00	Physical Therapy Visit Charges	344,507	5,070	11,408	2,282	363,267	24.00
25.00	Occupational Therapy Visits	240	0	3	8	251	25.00
26.00	Occupational Therapy Visit Charges	60,840	0	761	2,028	63,629	26.00
27.00	Speech Pathology Visits	34	0	1	9	44	27.00
28.00	Speech Pathology Visit Charges	8,619	0	254	2,282	11,155	28.00
29.00	Medical Social Service Visits	16	1	1	1	19	29.00
30.00	Medical Social Service Visit Charges	2,564	160	160	160	3,044	30.00
31.00	Home Health Aide Visits	187	23	1	9	220	31.00
32.00	Home Health Aide Visit Charges	10,098	1,242	54	486	11,880	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,208	224	115	58	3,605	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)	631,399	33,337	22,189	10,522	697,447	35.00
36.00	Total Number of Episodes (standard/non outlier)	292		36	3	331	36.00
37.00	Total Number of Outlier Episodes		8		0	8	37.00
38.00	Total Non-Routine Medical Supply Charges	9,032	1,126	545	82	10,785	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2017 To 12/31/2017	Worksheet S-8 Date/Time Prepared: 5/22/2018 3:53 pm

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

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

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

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

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

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

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2017 To 12/31/2017	Worksheet S-8 Date/Time Prepared: 5/22/2018 3:53 pm

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

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2017 To 12/31/2017	Worksheet S-8 Date/Time Prepared: 5/22/2018 3:53 pm

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

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

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

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

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

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

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2017 To 12/31/2017	Worksheet S-8 Date/Time Prepared: 5/22/2018 3:53 pm

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA	Provider CCN: 26-0110 Hospice CCN: 26-1537	Period: From 01/01/2017 To 12/31/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/22/2018 3:53 pm
		Hospice I	

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	7,800	1,036	466	9,302	11.00
12.00	Hospice Inpatient Respite Care	21	11	5	37	12.00
13.00	Hospice General Inpatient Care	5	0	0	5	13.00
14.00	Total Hospice Days	7,826	1,047	471	9,344	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/22/2018 3:53 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.231019	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	23,578,235	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	107,200,949	6.00
7.00	Medicaid cost (line 1 times line 6)	24,765,456	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)	1,187,221	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)	1,187,221	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)	13,838,998	1,930,263	15,769,261	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,197,071	1,930,263	5,127,334	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,197,071	1,930,263	5,127,334	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	41,571,345	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	768,518	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,182,336	27.01
28.00	Non-Medicare bad debt expense (see instructions)	40,389,009	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	9,744,446	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	14,871,780	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,059,001	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,284,085	7,284,085	-6,984,526	299,559	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		0	0	270,910	270,910	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		0	0	554,687	554,687	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		0	0	339,400	339,400	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		0	0	209,129	209,129	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		0	0	468,850	468,850	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		0	0	836,852	836,852	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		0	0	9,372,123	9,372,123	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,100,662	14,100,662	243,280	14,343,942	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	819,121	15,717,434	16,536,555	-1,829,075	14,707,480	4.00
5.01	01160	COMMUNICATIONS	157,970	368,175	526,145	-123,401	402,744	5.01
5.02	00550	DATA PROCESSING	1,820,304	8,990,133	10,810,437	123,401	10,933,838	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	696,342	888,476	1,584,818	0	1,584,818	5.03
5.04	00570	ADMITTING	2,086,491	547,596	2,634,087	0	2,634,087	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,762,869	3,817,956	5,580,825	0	5,580,825	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	6,786,309	25,061,288	31,847,597	0	31,847,597	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,901,130	1,409,018	3,310,148	0	3,310,148	6.00
7.00	00700	OPERATION OF PLANT	0	5,685,442	5,685,442	397	5,685,839	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	784,665	784,665	8.00
9.00	00900	HOUSEKEEPING	1,830,354	1,627,997	3,458,351	-784,665	2,673,686	9.00
10.00	01000	DIETARY	1,226,907	1,969,115	3,196,022	0	3,196,022	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,194,914	1,104,896	4,299,810	-52,702	4,247,108	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	736,291	799,714	1,536,005	-103,502	1,432,503	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,468,162	631,692	2,099,854	0	2,099,854	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,644,463	609,564	2,254,027	0	2,254,027	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	128,252	54,871	183,123	0	183,123	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	49,579	16,315	65,894	0	65,894	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	159,310	39,307	198,617	0	198,617	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	98,704	26,588	125,292	45,066	170,358	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,581,840	5,283,378	20,865,218	-1,971,752	18,893,466	30.00
33.01	03301	ADULT SPECIAL CARE	1,592,918	2,348,774	3,941,692	-404,678	3,537,014	33.01
34.01	03401	CARDIOTHORACIC ICU	1,301,325	782,472	2,083,797	-168,715	1,915,082	34.01
40.00	04000	SUBPROVIDER - IPF	1,058,595	528,348	1,586,943	27,675	1,614,618	40.00
41.00	04100	SUBPROVIDER - IRF	760,403	230,230	990,633	-7,866	982,767	41.00
43.00	04300	NURSERY	481,296	78,556	559,852	219,366	779,218	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,753,282	24,909,175	29,662,457	-20,312,759	9,349,698	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,500,498	1,500,498	52.00
53.00	05300	ANESTHESIOLOGY	6,058,967	2,212,099	8,271,066	235,259	8,506,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,538,661	1,946,728	4,485,389	-1,039,322	3,446,067	54.00
54.01	05401	ULTRASOUND	517,569	219,658	737,227	-45,719	691,508	54.01
54.03	05403	CARDIOVASCULAR LAB	1,469,752	7,982,066	9,451,818	-6,324,678	3,127,140	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,414,512	962,967	2,377,479	-202,099	2,175,380	55.00
55.01	05501	CHEMOTHERAPY	568,983	254,377	823,360	48,744	872,104	55.01
56.01	05601	NUCLEAR MEDICINE	319,779	999,160	1,318,939	-719	1,318,220	56.01
57.00	05700	CT SCAN	565,752	759,573	1,325,325	-120,691	1,204,634	57.00
58.00	05800	MRI	345,678	212,943	558,621	-5,383	553,238	58.00
60.00	06000	LABORATORY	3,720,636	6,788,803	10,509,439	-3,389	10,506,050	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	38	956,735	956,773	-5,679	951,094	63.00
65.00	06500	RESPIRATORY THERAPY	1,673,021	1,110,465	2,783,486	-71,469	2,712,017	65.00
66.00	06600	PHYSICAL THERAPY	816,168	185,928	1,002,096	-13	1,002,083	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,715,511	290,093	2,005,604	-474	2,005,130	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	235,534	69,881	305,415	-115	305,300	67.00
68.00	06800	SPEECH PATHOLOGY	179,177	23,638	202,815	-5	202,810	68.00
69.01	06901	CV DIAGNOSTIC	656,812	879,892	1,536,704	64,112	1,600,816	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	474,181	319,070	793,251	-55,527	737,724	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	150	150	13,653,804	13,653,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,037,417	17,037,417	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/22/2018 3:53 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,428,948	24,802,766	27,231,714	-50,577	27,181,137	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	372,093	54,792	426,885	-4	426,881	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,721,435	638,845	3,360,280	0	3,360,280	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,772,051	926,711	2,698,762	0	2,698,762	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	623,843	229,018	852,861	30,310	883,171	90.01
90.02	09002	DIABETES CENTER	177,917	26,715	204,632	0	204,632	90.02
91.00	09100	EMERGENCY	8,250,539	3,209,768	11,460,307	172,944	11,633,251	91.00
91.01	09101	G.I. LABORATORY	513,993	487,628	1,001,621	-298,423	703,198	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,038,865	252,935	1,291,800	26,351	1,318,151	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		5,320,256	5,320,256	-5,310,705	9,551	113.00
116.00	11600	HOSPICE	1,067,719	582,208	1,649,927	26,351	1,676,278	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,335,265	187,617,125	281,952,390	12,959	281,965,349	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	3,285	3,285	0	3,285	193.03
193.04	19304	COMMUNITY WELLNESS	0	1,160	1,160	0	1,160	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	23,160,359	5,861,340	29,021,699	-397	29,021,302	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	482,091	4,817,452	5,299,543	0	5,299,543	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	699,477	4,250,229	4,949,706	-12,562	4,937,144	193.11
193.13	19313	HEALTHPOINT	1,114,063	683,939	1,798,002	0	1,798,002	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	35,458	4,231	39,689	0	39,689	194.00
194.01	07951	FOUNDATION OFFICE	2,838	4,748	7,586	0	7,586	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	119,829,551	203,243,509	323,073,060	0	323,073,060	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	299,559		1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	270,910		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	554,687		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	339,400		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0		1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	209,129		1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	468,850		1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	-35,393	801,459		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	-24,001	9,348,122		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-218,896	14,125,046		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,666,965	11,040,515		4.00
5.01	01160	COMMUNICATIONS	-79,332	323,412		5.01
5.02	00550	DATA PROCESSING	-1,329,962	9,603,876		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-2,112	1,582,706		5.03
5.04	00570	ADMITTING	0	2,634,087		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-2,925	5,577,900		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-8,316,430	23,531,167		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,310,148		6.00
7.00	00700	OPERATION OF PLANT	-796,147	4,889,692		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	784,665		8.00
9.00	00900	HOUSEKEEPING	-82,567	2,591,119		9.00
10.00	01000	DIETARY	-749,266	2,446,756		10.00
11.00	01100	CAFETERIA	0	0		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	-114,858	4,132,250		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,432,503		14.00
15.00	01500	PHARMACY	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-140,455	1,959,399		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	-1,907,621	346,406		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	-139,673	43,450		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	-65,894	0		20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	-198,617	0		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
23.00	02300	PHARMACY RESIDENCY	0	170,358		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,042,396	12,851,070		30.00
33.01	03301	ADULT SPECIAL CARE	0	3,537,014		33.01
34.01	03401	CARDIOTHORACIC ICU	0	1,915,082		34.01
40.00	04000	SUBPROVIDER - IPF	-662,308	952,310		40.00
41.00	04100	SUBPROVIDER - IRF	-109,239	873,528		41.00
43.00	04300	NURSERY	0	779,218		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-37,802	9,311,896		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,500,498		52.00
53.00	05300	ANESTHESIOLOGY	-7,567,670	938,655		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,940	3,435,127		54.00
54.01	05401	ULTRASOUND	0	691,508		54.01
54.03	05403	CARDIOVASCULAR LAB	-111,651	3,015,489		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-33,069	2,142,311		55.00
55.01	05501	CHEMOTHERAPY	0	872,104		55.01
56.01	05601	NUCLEAR MEDICINE	0	1,318,220		56.01
57.00	05700	CT SCAN	0	1,204,634		57.00
58.00	05800	MRI	0	553,238		58.00
60.00	06000	LABORATORY	-1,503,982	9,002,068		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	951,094		63.00
65.00	06500	RESPIRATORY THERAPY	-349	2,711,668		65.00
66.00	06600	PHYSICAL THERAPY	0	1,002,083		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	-612	2,004,518		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	305,300		67.00
68.00	06800	SPEECH PATHOLOGY	0	202,810		68.00
69.01	06901	CV DIAGNOSTIC	0	1,600,816		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	-41,732	695,992		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,653,954		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,037,417		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-609,188	26,571,949		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
76.97	07697	CARDIAC REHABILITATION	-179,640	247,241		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	3,360,280		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2,698,762		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	-435,775	447,396		90.01
90.02	09002	DIABETES CENTER	0	204,632		90.02
91.00	09100	EMERGENCY	-6,633,305	4,999,946		91.00
91.01	09101	G.I. LABORATORY	-1,030	702,168		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-42	1,318,109		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-9,551	0		113.00
116.00	11600	HOSPICE	-84	1,676,194		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-41,861,479	240,103,870		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.01	19101	RESPITE CARE	0	0		191.01
193.01	19301	VENDING MACHINES	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0	0		193.02
193.03	19303	LACEYS RESTAURANT	0	3,285		193.03
193.04	19304	COMMUNITY WELLNESS	0	1,160		193.04
193.05	19305	HOME INFUSION	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	29,021,302		193.06
193.07	19307	GENERATIONS	0	0		193.07
193.08	19308	RETAIL PHARMACY	0	5,299,543		193.08
193.09	19309	OUTREACH LAB	0	0		193.09
193.10	19310	FOOT CLINIC	0	0		193.10
193.11	19311	MARKETING	-4,899,802	37,342		193.11
193.13	19313	HEALTHPOINT	0	1,798,002		193.13
193.14	19314	DOCTORS PARK	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0	39,689		194.00
194.01	07951	FOUNDATION OFFICE	0	7,586		194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-46,761,281	276,311,779		200.00

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/22/2018 3:53 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - TO RECLASS BUILDING DEPRECIATION				
1.00	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	270,910	1.00
2.00	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	554,687	2.00
3.00	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	339,400	3.00
4.00	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	209,129	4.00
5.00	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	468,850	5.00
6.00	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	836,852	6.00
7.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,304,698	7.00
	0		0	6,984,526	
	B - TO RECLASS INTEREST EXPENSE				
1.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	5,067,425	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	243,280	2.00
	0		0	5,310,705	
	D - TO RECLASS SUPPLY EXPENSE				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,653,804	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	0		0	13,653,804	
	E - TO RECLASS IMPLANTABLES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,988,031	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
	0		0	16,988,031	
	F - TO RECLASS HHA ADMIN COST				
1.00	HOME HEALTH AGENCY	101.00	26,351	0	1.00
2.00	HOSPICE	116.00	26,351	0	2.00
	0		52,702	0	
	G - TO RECLASS ADMIN TO APPROP DEPT				
1.00	CV DIAGNOSTIC	69.01	48,635	20,439	1.00
	0		48,635	20,439	

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/22/2018 3:53 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	H - TO RECLASS ADMIN TO APPROP DEPT				
1.00	CHEMOTHERAPY	55.01	126,813	19,243	1.00
	0		126,813	19,243	
	I - TO RECLASS WEST CAMPUS MOB TO PLANT				
1.00	OPERATION OF PLANT	7.00	0	397	1.00
	0		0	397	
	J - TO RECLASS LABOR/ DELIVERY EXPENSE				
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,168,219	332,279	1.00
2.00	NURSERY	43.00	182,266	51,842	2.00
	0		1,350,485	384,121	
	K - RECLASS PHYSICIAN BENEFITS				
1.00		0.00	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	485,688	2.00
3.00	SUBPROVIDER - IPF	40.00	0	28,522	3.00
4.00	SUBPROVIDER - IRF	41.00	0	1,863	4.00
5.00	ANESTHESIOLOGY	53.00	0	704,483	5.00
6.00	CARDIOVASCULAR LAB	54.03	0	9,991	6.00
7.00	NEUROPHYSIOLOGY	70.01	0	4,192	7.00
8.00	HYPERBARIC WOUND CLINIC	90.01	0	42,423	8.00
9.00	OPERATING ROOM	50.00	0	41	9.00
10.00	EMERGENCY	91.00	0	564,434	10.00
	0		0	1,841,637	
	L - TO RECLASS INVENTORY ADJMT				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	49,386	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	49,386	
	M - TO RECLASS LAUNDRY EXPENSE				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	784,665	1.00
	0		0	784,665	
	N - MARKETING COST FOR EMPLOYEEE RECRUIT				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,562	1.00
	TOTALS		0	12,562	
	O - RECLASS IT SALARIES TO COMMUNICATIO				
1.00	DATA PROCESSING	5.02	109,060	14,341	1.00
	TOTALS		109,060	14,341	
	P - PHARMACY TEACHING SALAIRES				
1.00	PHARMACY RESIDENCY	23.00	45,066	0	1.00
	TOTALS		45,066	0	
500.00	Grand Total: Increases		1,732,761	46,063,857	500.00

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/22/2018 3:53 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - TO RECLASS BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,984,526	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
	0		0	6,984,526		
	B - TO RECLASS INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	5,310,705	11	1.00
2.00		0.00	0	0	11	2.00
	0		0	5,310,705		
	D - TO RECLASS SUPPLY EXPENSE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	103,502	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	722,834	0	2.00
3.00	ADULT SPECIAL CARE	33.01	0	403,903	0	3.00
4.00	CARDIOTHORACIC ICU	34.01	0	168,715	0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	847	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	9,729	0	6.00
7.00	NURSERY	43.00	0	14,742	0	7.00
8.00	OPERATING ROOM	50.00	0	7,274,889	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	461,754	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	978,154	0	10.00
11.00	ULTRASOUND	54.01	0	45,719	0	11.00
12.00	CARDIOVASCULAR LAB	54.03	0	2,342,283	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	56,043	0	13.00
14.00	CHEMOTHERAPY	55.01	0	97,312	0	14.00
15.00	NUCLEAR MEDICINE	56.01	0	719	0	15.00
16.00	CT SCAN	57.00	0	120,691	0	16.00
17.00	MRI	58.00	0	5,383	0	17.00
18.00	LABORATORY	60.00	0	3,389	0	18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,679	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	71,469	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	13	0	21.00
22.00	SOUTHEAST OUTPATIENT REHAB	66.01	0	474	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	115	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	5	0	24.00
25.00	CV DIAGNOSTIC	69.01	0	4,962	0	25.00
26.00	NEUROPHYSIOLOGY	70.01	0	59,719	0	26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,511	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	4	0	28.00
29.00	HYPERBARIC WOUND CLINIC	90.01	0	12,113	0	29.00
30.00	EMERGENCY	91.00	0	391,490	0	30.00
31.00	G.I. LABORATORY	91.01	0	291,642	0	31.00
	0		0	13,653,804		
	E - TO RECLASS IMPLANTABLES					
1.00		0.00	0	0	0	1.00
2.00	ADULT SPECIAL CARE	33.01	0	775	0	2.00
3.00	OPERATING ROOM	50.00	0	13,016,103	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,168	0	4.00
5.00	CARDIOVASCULAR LAB	54.03	0	3,903,204	0	5.00
6.00	G.I. LABORATORY	91.01	0	6,781	0	6.00
	0		0	16,988,031		
	F - TO RECLASS HHA ADMIN COST					
1.00	NURSING ADMINISTRATION	13.00	52,702	0	0	1.00
2.00		0.00	0	0	0	2.00
	0		52,702	0		
	G - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CARDIOVASCULAR LAB	54.03	48,635	20,439	0	1.00
	0		48,635	20,439		
	H - TO RECLASS ADMIN TO APPROP DEPT					
1.00	RADIOLOGY-THERAPEUTIC	55.00	126,813	19,243	0	1.00
	0		126,813	19,243		
	I - TO RECLASS WEST CAMPUS MOB TO PLANT					
1.00	SE HOSP PHYSICIANS LLC	193.06	0	397	0	1.00
	0		0	397		
	J - TO RECLASS LABOR/ DELIVERY EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	1,350,485	332,279	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	51,842	0	2.00
	0		1,350,485	384,121		

RECLASSIFICATIONS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/22/2018 3:53 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	K - RECLASS PHYSICIAN BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,841,637	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
	0		0	1,841,637		
	L - TO RECLASS INVENTORY ADJMT					
1.00	OPERATING ROOM	50.00	0	21,808	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	7,470	0	2.00
3.00	CARDIOVASCULAR LAB	54.03	0	20,108	0	3.00
	0		0	49,386		
	M - TO RECLASS LAUNDRY EXPENSE					
1.00	HOUSEKEEPING	9.00	0	784,665	0	1.00
	0		0	784,665		
	N - MARKETING COST FOR EMPLOYEEE RECRUIT					
1.00	MARKETING	193.11	0	12,562	0	1.00
	TOTALS		0	12,562		
	O - RECLASS IT SALARIES TO COMMUNICATIO					
1.00	COMMUNICATIONS	5.01	109,060	14,341	0	1.00
	TOTALS		109,060	14,341		
	P - PHARMACY TEACHING SALAIRES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	45,066	0	0	1.00
	TOTALS		45,066	0		
500.00	Grand Total: Decreases		1,732,761	46,063,857		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,698,441	24,000	0	24,000	142,000	1.00
2.00	Land Improvements	13,097,991	34,220	0	34,220	4,713	2.00
3.00	Buildings and Fixtures	200,432,435	729,068	0	729,068	1,254,311	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	121,569,516	31,574,231	0	31,574,231	37,887,303	6.00
7.00	HIT designated Assets	10,692,348	0	0	0	5,975,821	7.00
8.00	Subtotal (sum of lines 1-7)	363,490,731	32,361,519	0	32,361,519	45,264,148	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	363,490,731	32,361,519	0	32,361,519	45,264,148	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,580,441	0	1.00
2.00	Land Improvements	13,127,498	0	2.00
3.00	Buildings and Fixtures	199,907,192	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	115,256,444	0	6.00
7.00	HIT designated Assets	4,716,527	0	7.00
8.00	Subtotal (sum of lines 1-7)	350,588,102	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	350,588,102	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part II Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	7,284,085	0	0	0	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	14,100,662	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,384,747	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	7,284,085	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,100,662	2.00
3.00	Total (sum of lines 1-2)	0	21,384,747	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part III Date/Time Prepared: 5/22/2018 3:53 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	230,615,131	0	230,615,131	0.657795	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0.000000	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0.000000	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0.000000	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0.000000	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0.000000	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0.000000	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0.000000	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	119,972,971	0	119,972,971	0.342205	0	2.00
3.00	Total (sum of lines 1-2)	350,588,102	0	350,588,102	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	299,559	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	270,910	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	554,687	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	339,400	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	209,129	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	468,850	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	836,852	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	4,304,698	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,886,886	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,170,971	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	299,559	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	270,910	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	554,687	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	339,400	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	209,129	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	468,850	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	-35,393	0	0	0	801,459	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	5,043,424	0	0	0	9,348,122	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	238,160	0	0	0	14,125,046	2.00
3.00	Total (sum of lines 1-2)	5,246,191	0	0	0	26,417,162	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #2 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	1.01
1.02	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #3 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	1.02
1.03	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #4 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	1.03
1.04	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #5 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	1.04
1.05	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #6 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	1.05
1.06	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #7 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	1.06
1.07	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #8 (chapter 2)	B	-35,393	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	11	1.07
1.08	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #9 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	1.08
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	-36,843	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-22,280,518			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	-12,453,111			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-708,444	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-8,216	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-140,455	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-1,907,621	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-11,634	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #2		0	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	26.01
26.02	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #3		0	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	26.02
26.03	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #4		0	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	26.03
26.04	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #5		0	NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	26.04
26.05	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #6		0	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	26.05
26.06	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #7		0	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	26.06
26.07	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #8		0	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	26.07
26.08	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #9		0	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-5,120	CAP REL COSTS-MVBLE EQUIP	2.00	11	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MO DISCOUNT ON PAYROLL	B	-24,047	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	MISC OTHER REVENUE	B	-65	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
36.00	GARNISHMENT FEES/BADGES	B	-3,321	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00	NSF CHECKS	B	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
38.00	CREDIT CARD REBATE	B	-176,003	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
39.00	OTHER UNALLOWABLE PHYSICIAN - LOAN F	A	-698,863	OTHER ADMINISTRATIVE & GENERAL	5.06	0	39.00
40.00	AHA DUES USED FOR LOBBYING	A	-86,187	OTHER ADMINISTRATIVE & GENERAL	5.06	0	40.00
41.00	MISC INCOME - PURCHASING	B	-2,112	PURCHASING RECEIVING AND STORES	5.03	0	41.00
42.00	MISC INCOME	B	-2,925	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	42.00
43.00	MISC INCOME - OTHER A&G	B	-53,225	OTHER ADMINISTRATIVE & GENERAL	5.06	0	43.00
44.00	MISC INCOME - HOUSEKEEPING	B	-82,391	HOUSEKEEPING	9.00	0	44.00
45.00	MISC INCOME - DIETARY	B	-520	DIETARY	10.00	0	45.00
45.01	MISC INCOME - ADULTS & PEDS	B	-4,976	ADULTS & PEDIATRICS	30.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02
45.03	MISC INCOME - OR	B	-8,371	OPERATING ROOM	50.00	0	45.03
45.04	MISC INCOME - RADIOLOGY	B	-10,940	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05	MISC INCOME - CARDIO LAB	B	-4,200	CARDIOVASCULAR LAB	54.03	0	45.05

ADJUSTMENTS TO EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
45.06	MISC INCOME - THERAPEUTIC RADIOLOGY	B	-33,069	RADIOLOGY-THERAPEUTIC	55.00	0	45.06
45.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.07
46.00	MISC INCOME - LABORATORY	B	-13,093	LABORATORY	60.00	0	46.00
47.00	MISC INCOME RESPIRATORY	B	-349	RESPIRATORY THERAPY	65.00	0	47.00
48.00	MISC INCOME - PT	B	0	PHYSICAL THERAPY	66.00	0	48.00
49.00	MISC INCOME OP REHAB	B	-612	SOUTHEAST OUTPATIENT REHAB	66.01	0	49.00
49.01	MISC INCOME - CARDIAC REHAB	B	-179,640	CARDIAC REHABILITATION	76.97	0	49.01
49.02	MISC INCOME - WOUND	B	0	HYPERBARIC WOUND CLINIC	90.01	0	49.02
49.03	MISC INCOME GI LAB	B	-1,030	G.I. LABORATORY	91.01	0	49.03
49.04	MISC INCOME - HOME HEALTH	B	-42	HOME HEALTH AGENCY	101.00	0	49.04
49.05	MISC INCOME - HOSPICE	B	-84	HOSPICE	116.00	0	49.05
49.06	NONPATIENT LAB	B	-784,782	LABORATORY	60.00	0	49.06
49.07	SCHOOL OF RAD TECH TUITION	A	-198,617	SCHOOL OF RADIOLOGICAL TECHNOLO	20.03	0	49.07
49.08	SCHOOL OF SURG TECH TUITION	A	-65,894	SCHOOL OF SURGICAL TECHNOLOGY	20.02	0	49.08
49.09	SCHOOL OF MED TECH TUITION	B	-139,673	SCHOOL OF MEDICAL TECHNOLOGY	20.01	0	49.09
49.10	340B DRUG PROGRAM	B	-594,350	DRUGS CHARGED TO PATIENTS	73.00	0	49.10
49.11	PRISONER MEALS	B	-28,668	DIETARY	10.00	0	49.11
49.12	INTEREST	B	-24,001	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	11	49.12
49.13	RENTAL INCOME	B	-696,421	OPERATION OF PLANT	7.00	0	49.13
49.14	HOSPITALIST EXPENSE - SALARY	A	-33,290	ADULTS & PEDIATRICS	30.00	0	49.14
49.15	HOSPITALIST EXPENSE - OTHER	A	-72,982	ADULTS & PEDIATRICS	30.00	0	49.15
49.16	ANESTHESIA - PROF - SALARY	A	0	ANESTHESIOLOGY	53.00	0	49.16
49.17	ANESTHESIA - PROF - OTHER	A	-74,452	ANESTHESIOLOGY	53.00	0	49.17
49.18	SELF-INSURED COST	A	-3,183,299	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.18
49.19	MHA EXPENSE	A	-303,708	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.19
49.20	MHA PAID TO POOL	A	-1,082,399	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.20
49.21	REAL ESTATE TAXES	A	-24,610	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.21
49.22	REAL ESTATE TAXES	A	-270,186	OPERATION OF PLANT	7.00	0	49.22
49.23	PHYSICIAN RECRUITMENT - ENVIRONMENTA	A	-176	HOUSEKEEPING	9.00	0	49.23
49.24	PHYSICIAN RECRUITMENT - HOSPITALISTS	A	3,837	ADULTS & PEDIATRICS	30.00	0	49.24
49.25	PHYSICIAN RECRUITMENT - PSYCH	A	0	SUBPROVIDER - IPF	40.00	0	49.25
49.26	PHYSICIAN RECRUITMENT - ANESTHESIA	A	-6,622	DRUGS CHARGED TO PATIENTS	73.00	0	49.26
49.27	PHYSICIAN RECRUITMENT - RADIOLOGY	A	0	RADIOLOGY-DIAGNOSTIC	54.00	0	49.27
49.28	PHYSICIAN RECRUITMENT - WOUND CARE	A	-2,905	HYPERBARIC WOUND CLINIC	90.01	0	49.28
49.29	PHYSICIAN RECRUITMENT - ED	A	-24,663	EMERGENCY	91.00	0	49.29
49.30	NON ALLOWABLE LEGAL	A	-180,000	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.30
49.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-46,761,281				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/22/2018 3:53 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	7,206,749	7,420,525	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	3,706,094	3,935,532	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	1,672,431	1,902,612	3.00
4.00	5.01	COMMUNICATIONS	HOME OFFICE COSTS	308,710	351,199	4.00
4.01	5.02	DATA PROCESSING	HOME OFFICE COSTS	9,663,116	10,993,078	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE COSTS	9,283,506	10,561,221	4.02
4.03	0.00			0	0	4.03
4.04	7.00	OPERATION OF PLANT	HOME OFFICE COSTS	170,458	193,919	4.04
4.05	13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	834,521	949,379	4.05
4.06	113.00	INTEREST EXPENSE	HOME OFFICE COSTS	69,398	78,949	4.06
4.07	0.00			0	0	4.07
4.08	193.11	MARKETING	HOME OFFICE COSTS	0	4,899,802	4.08
4.09	5.06	OTHER ADMINISTRATIVE & GENER	INTERNAL RENT ELIMINATION	0	4,275,799	4.09
4.20	7.00	OPERATION OF PLANT	INTERNAL RENT ELIMINATION	0	-193,921	4.20
4.21	0.00			0	0	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			32,914,983	45,368,094	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
6.00	C		0.00	SE HLTH RIPLEY	100.00	6.00
7.00	C		0.00	SE HLTHSTODDARD	100.00	7.00
8.00	C		0.00	SE HLTHREYNOLDS	100.00	8.00
9.00	C		0.00	SOUTHEAST HOSPI	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/22/2018 3:53 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	-213,776	9		1.00
2.00	-229,438	0		2.00
3.00	-230,181	0		3.00
4.00	-42,489	0		4.00
4.01	-1,329,962	0		4.01
4.02	-1,277,715	0		4.02
4.03	0	0		4.03
4.04	-23,461	0		4.04
4.05	-114,858	0		4.05
4.06	-9,551	0		4.06
4.07	0	0		4.07
4.08	-4,899,802	0		4.08
4.09	-4,275,799	0		4.09
4.20	193,921	0		4.20
4.21	0	0		4.21
5.00	-12,453,111			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOSPITAL		6.00
7.00	HOSPITAL		7.00
8.00	HOSPITAL		8.00
9.00	HOME OFFICE		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-2 | Date/Time Prepared: 5/22/2018 3:53 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	5.06	OTHER ADMINISTRATIVE & GENERAL	154,535	154,535	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,934,985	5,934,985	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	662,308	662,308	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	109,239	109,239	0	0	0	4.00
5.00	50.00	OPERATING ROOM	29,431	29,431	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	7,493,218	7,493,218	0	0	0	6.00
7.00	54.03	CARDIOVASCULAR LAB	107,451	107,451	0	0	0	7.00
8.00	60.00	LABORATORY	706,107	706,107	0	0	0	8.00
9.00	70.01	NEUROPHYSIOLOGY	41,732	41,732	0	0	0	9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	432,870	432,870	0	0	0	10.00
11.00	91.00	EMERGENCY	6,608,642	6,608,642	0	0	0	11.00
200.00			22,280,518	22,280,518	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	131,719	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	13,017	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	120,578	6.00
7.00	54.03	CARDIOVASCULAR LAB	0	0	0	0	2,608	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	70.01	NEUROPHYSIOLOGY	0	0	0	0	0	9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	0	17,964	10.00
11.00	91.00	EMERGENCY	0	0	0	0	272,877	11.00
200.00			0	0	0	0	558,763	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	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	154,535		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,934,985		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	662,308		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	109,239		4.00
5.00	50.00	OPERATING ROOM	0	0	0	29,431		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	7,493,218		6.00
7.00	54.03	CARDIOVASCULAR LAB	0	0	0	107,451		7.00
8.00	60.00	LABORATORY	0	0	0	706,107		8.00
9.00	70.01	NEUROPHYSIOLOGY	0	0	0	41,732		9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	432,870		10.00
11.00	91.00	EMERGENCY	0	0	0	6,608,642		11.00
200.00			0	0	0	22,280,518		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	299,559	299,559				1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	270,910	0	270,910			1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	554,687	0	0	554,687		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	339,400	0	0	0	339,400	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	209,129	0	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	468,850	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	801,459	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	9,348,122	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,125,046					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,040,515	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	323,412	3,358	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,603,876	0	3,653	2,060	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,582,706	0	5,939	60,184	0	5.03
5.04	00570	ADMITTING	2,634,087	0	19,149	0	18,920	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,577,900	10,843	0	0	7,649	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	23,531,167	47,711	18,060	0	53,433	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,310,148	0	0	15,762	40,085	6.00
7.00	00700	OPERATION OF PLANT	4,889,692	20,008	11,532	49,168	14,933	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	784,665	0	1,628	4,478	1,213	8.00
9.00	00900	HOUSEKEEPING	2,591,119	0	8,463	8,031	2,653	9.00
10.00	01000	DIETARY	2,446,756	0	18,936	0	69,299	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,132,250	38,739	14,353	7,210	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,432,503	0	990	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,959,399	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	346,406	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	43,450	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	170,358	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,851,070	27,353	63,216	326,474	91,532	30.00
33.01	03301	ADULT SPECIAL CARE	3,537,014	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	1,915,082	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	952,310	0	0	78,275	0	40.00
41.00	04100	SUBPROVIDER - IRF	873,528	0	39,699	0	0	41.00
43.00	04300	NURSERY	779,218	0	0	0	10,719	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,311,896	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,500,498	0	17,343	0	19,989	52.00
53.00	05300	ANESTHESIOLOGY	938,655	0	5,068	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,435,127	0	0	0	0	54.00
54.01	05401	ULTRASOUND	691,508	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	3,015,489	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,142,311	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	872,104	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,318,220	0	0	0	0	56.01
57.00	05700	CT SCAN	1,204,634	0	0	0	0	57.00
58.00	05800	MRI	553,238	0	0	0	0	58.00
60.00	06000	LABORATORY	9,002,068	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	951,094	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,711,668	19,833	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,002,083	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,004,518	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	305,300	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	202,810	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	1,600,816	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	695,992	59,656	0	0	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,653,954	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,037,417	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,571,949	72,058	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	247,241	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,360,280	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,698,762	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	447,396	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	204,632	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,999,946	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	702,168	0	40,971	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,318,109	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,676,194	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	240,103,870	299,559	269,000	551,642	330,425	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,045	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	3,285	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	1,160	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	29,021,302	0	1,910	0	8,975	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	5,299,543	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	37,342	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	1,798,002	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	39,689	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	7,586	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	276,311,779	299,559	270,910	554,687	339,400	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	209,129				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	468,850			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	801,459		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	9,348,122	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,746	0	0	67,501	4.00
5.01	01160	COMMUNICATIONS	0	0	2,294	0	9,477	5.01
5.02	00550	DATA PROCESSING	0	9,115	7,470	0	44,426	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	75,126	5.03
5.04	00570	ADMITTING	0	16,602	0	0	109,544	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	26,349	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	11,427	8,636	2,392	299,713	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	66,774	216,934	6.00
7.00	00700	OPERATION OF PLANT	0	25,534	77,638	0	448,988	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	314	975	0	8.00
9.00	00900	HOUSEKEEPING	0	4,466	784	1,752	47,786	9.00
10.00	01000	DIETARY	0	0	0	0	186,206	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	60,931	1,755	0	199,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	51,232	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	202,288	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	14,517	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	13,741	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	31,489	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	148,013	0	1,126,916	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	52,239	0	153,037	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	137,754	259,609	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	75,298	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	115,173	41.00
43.00	04300	NURSERY	0	0	0	0	20,303	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	83,138	160,635	600,058	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	88,164	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,820	114,584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,358	81,386	54.00
54.01	05401	ULTRASOUND	0	0	0	11,429	21,538	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	22,468	42,926	227,517	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	163,324	685,752	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	307,079	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	15,254	28,746	56.01
57.00	05700	CT SCAN	0	0	0	8,412	61,370	57.00
58.00	05800	MRI	0	0	0	0	70,100	58.00
60.00	06000	LABORATORY	0	0	44,510	7,787	186,981	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,617	0	4,738	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,701	40,219	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,568	0	25,099	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	221,041	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,765	0	5,169	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	882	0	2,585	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,313	3,970	20,117	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,446	0	64,945	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,219	61,456	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	19,308	0	0	21,108	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	244,101	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	162,729	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	71,794	90.02
91.00	09100	EMERGENCY	0	0	0	92,977	175,221	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	118,863	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	47,183	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	47,183	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	209,129	468,850	801,459	7,601,780	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	56,000	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	757,589	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	28,000	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	20,935	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	105,509	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	753,985	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	7,280	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	17,044	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	209,129	468,850	801,459	9,348,122	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	
			2.00	4.00	5.01	5A.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,125,046					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	436,545	11,606,307				4.00
5.01	01160	COMMUNICATIONS	89,919	5,872	434,332			5.01
5.02	00550	DATA PROCESSING	6,626,116	13,095	7,109	16,316,920	16,316,920	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	75,946	83,608	3,637	1,887,146	135,635	5.03
5.04	00570	ADMITTING	2,333	250,519	13,557	3,064,711	220,270	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	215,137	211,662	12,235	6,061,775	435,678	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	399,773	306,169	42,987	24,721,468	1,776,806	5.06
6.00	00600	MAINTENANCE & REPAIRS	59,901	228,263	5,291	3,943,158	283,407	6.00
7.00	00700	OPERATION OF PLANT	75,597	0	0	5,613,090	403,430	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	793,273	57,015	8.00
9.00	00900	HOUSEKEEPING	24,016	219,765	3,141	2,911,976	209,292	9.00
10.00	01000	DIETARY	14,134	147,311	4,133	2,886,775	207,481	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	68,809	322,174	8,597	4,854,119	348,880	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	300,283	88,404	2,480	1,824,660	131,144	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	926	176,278	0	2,187,835	157,246	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	7,460	197,446	6,944	760,544	54,663	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	581	15,399	0	73,947	5,315	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	548	5,953	0	20,242	1,455	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	86	19,128	0	50,703	3,644	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	17,262	0	187,620	13,485	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,199	1,237,666	33,067	16,023,506	1,151,657	30.00
33.01	03301	ADULT SPECIAL CARE	49,522	191,257	6,613	3,989,682	286,750	33.01
34.01	03401	CARDIOTHORACIC ICU	127,861	156,246	4,629	2,601,181	186,955	34.01
40.00	04000	SUBPROVIDER - IPF	5,015	99,383	2,811	1,213,092	87,189	40.00
41.00	04100	SUBPROVIDER - IRF	13,681	89,346	5,456	1,136,883	81,711	41.00
43.00	04300	NURSERY	49,895	79,672	6,448	946,255	68,010	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	865,666	570,670	22,155	11,614,218	834,749	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	110,501	140,265	30,917	1,907,677	137,110	52.00
53.00	05300	ANESTHESIOLOGY	153,295	26,559	4,464	1,297,445	93,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	459,759	304,809	23,808	4,321,247	310,581	54.00
54.01	05401	ULTRASOUND	67,130	62,143	992	854,740	61,433	54.01
54.03	05403	CARDIOVASCULAR LAB	453,641	159,804	5,621	3,927,466	282,279	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,067,615	154,610	6,283	4,219,895	303,297	55.00
55.01	05501	CHEMOTHERAPY	35,207	83,542	1,323	1,299,255	93,381	55.01
56.01	05601	NUCLEAR MEDICINE	5,340	38,395	1,984	1,407,939	101,193	56.01
57.00	05700	CT SCAN	378,753	67,928	1,653	1,722,750	123,819	57.00
58.00	05800	MRI	211,729	41,505	3,141	879,713	63,228	58.00
60.00	06000	LABORATORY	262,783	446,726	12,731	9,963,586	716,113	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5	992	958,446	68,886	63.00
65.00	06500	RESPIRATORY THERAPY	106,303	200,875	3,637	3,095,236	222,464	65.00
66.00	06600	PHYSICAL THERAPY	342	97,995	2,149	1,136,236	81,665	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	9,331	205,976	12,731	2,453,597	176,347	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,177	28,280	0	343,691	24,702	67.00
68.00	06800	SPEECH PATHOLOGY	784	21,513	331	228,905	16,452	68.00
69.01	06901	CV DIAGNOSTIC	35,520	84,671	7,440	1,756,847	126,270	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	43,659	52,733	4,795	924,226	66,427	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,653,954	981,351	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,037,417	1,224,530	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	
			2.00	4.00	5.01	5A.01	5.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,382	286,226	3,637	27,013,927	1,941,508	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,845	44,676	2,149	345,327	24,820	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	19,023	326,755	7,936	3,958,095	284,480	88.01
88.02	08802	RURAL HEALTH CLINIC III	15,077	212,765	2,480	3,091,813	222,218	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	22,083	32,061	3,968	505,508	36,332	90.01
90.02	09002	DIABETES CENTER	1,669	21,362	2,149	301,606	21,677	90.02
91.00	09100	EMERGENCY	406,337	433,543	12,731	6,120,755	439,917	91.00
91.01	09101	G.I. LABORATORY	175,100	61,714	3,968	1,102,784	79,260	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	762	127,897	5,456	1,499,407	107,767	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	262	131,362	6,117	1,861,118	133,764	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,701,358	8,629,243	366,873	234,875,387	15,708,389	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	227	0	331	3,603	259	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	3,127	0	1,488	63,900	4,593	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	1,160	83	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	353,412	2,780,821	45,634	32,969,643	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	8,840	57,883	2,315	5,396,581	387,868	193.08
193.09	19309	OUTREACH LAB	0	0	0	20,935	1,505	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	10,481	0	5,291	158,623	11,401	193.11
193.13	19313	HEALTHPOINT	38,531	133,762	11,077	2,735,357	196,598	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	8,752	4,257	331	60,309	4,335	194.00
194.01	07951	FOUNDATION OFFICE	318	341	992	26,281	1,889	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,125,046	11,606,307	434,332	276,311,779	16,316,920	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,022,781					5.03
5.04	00570	ADMITTING	673	3,285,654				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,329	0	6,498,782			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,052	0	0	26,500,326	26,500,326	5.06
6.00	00600	MAINTENANCE & REPAIRS	450	0	0	4,227,015	448,406	6.00
7.00	00700	OPERATION OF PLANT	1	0	0	6,016,521	638,239	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	850,288	90,199	8.00
9.00	00900	HOUSEKEEPING	416	0	0	3,121,684	331,151	9.00
10.00	01000	DIETARY	94	0	0	3,094,350	328,252	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,146	0	0	5,205,145	552,167	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	151	0	0	1,955,955	207,490	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,638	0	0	2,346,719	248,942	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,179	0	0	816,386	86,603	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	4	0	0	79,266	8,409	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	27	0	0	21,724	2,305	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	54,347	5,765	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	4	0	0	201,109	21,334	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,487	124,770	246,743	17,548,163	1,861,527	30.00
33.01	03301	ADULT SPECIAL CARE	257	23,830	47,126	4,347,645	461,203	33.01
34.01	03401	CARDIOTHORACIC ICU	201	14,589	28,851	2,831,777	300,398	34.01
40.00	04000	SUBPROVIDER - IPF	178	7,823	15,470	1,323,752	140,425	40.00
41.00	04100	SUBPROVIDER - IRF	177	4,273	8,450	1,231,494	130,638	41.00
43.00	04300	NURSERY	217	6,779	13,406	1,034,667	109,759	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,183	375,485	742,554	13,568,189	1,439,327	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,390	18,613	36,809	2,101,599	222,940	52.00
53.00	05300	ANESTHESIOLOGY	70	83,317	164,766	1,638,849	173,851	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,360	98,321	194,438	4,925,947	522,549	54.00
54.01	05401	ULTRASOUND	0	36,268	71,722	1,024,163	108,644	54.01
54.03	05403	CARDIOVASCULAR LAB	224	126,216	249,602	4,585,787	486,465	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	797	69,767	137,971	4,731,727	501,946	55.00
55.01	05501	CHEMOTHERAPY	122	16,847	33,317	1,442,922	153,067	55.01
56.01	05601	NUCLEAR MEDICINE	205	59,462	117,591	1,686,390	178,894	56.01
57.00	05700	CT SCAN	58	162,814	321,979	2,331,420	247,319	57.00
58.00	05800	MRI	36	65,620	129,768	1,138,365	120,759	58.00
60.00	06000	LABORATORY	1,218	284,611	562,843	11,528,371	1,222,941	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2	19,545	38,651	1,085,530	115,154	63.00
65.00	06500	RESPIRATORY THERAPY	106	115,246	227,909	3,660,961	388,358	65.00
66.00	06600	PHYSICAL THERAPY	111	24,259	47,975	1,290,246	136,871	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	486	40,929	80,940	2,752,299	291,967	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	8,166	16,149	392,708	41,659	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,951	11,768	263,076	27,907	68.00
69.01	06901	CV DIAGNOSTIC	363	95,469	188,798	2,167,747	229,957	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	197	54,768	108,309	1,153,927	122,410	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,774,956	332,057	656,670	17,398,988	1,845,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	220,739	273,435	540,740	19,296,861	2,047,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	953	504,310	998,443	30,459,141	3,231,136	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
76.97	07697	CARDIAC REHABILITATION	84	3,474	6,870	380,575	40,372	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	725	15,809	31,263	4,290,372	455,127	88.01
88.02	08802	RURAL HEALTH CLINIC III	339	15,002	29,668	3,359,040	356,330	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	171	16,093	31,825	589,929	62,580	90.01
90.02	09002	DIABETES CENTER	268	384	759	324,694	34,444	90.02
91.00	09100	EMERGENCY	941	138,756	274,402	6,974,771	739,891	91.00
91.01	09101	G.I. LABORATORY	154	32,274	63,824	1,278,296	135,603	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	279	4,369	8,641	1,620,463	171,900	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	439	5,953	11,772	2,013,046	213,546	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,020,657	3,285,654	6,498,782	234,264,732	22,039,858	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,862	410	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	68,493	7,266	193.03
193.04	19304	COMMUNITY WELLNESS	32	0	0	1,275	135	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	32,969,643	3,497,527	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	362	0	0	5,784,811	613,659	193.08
193.09	19309	OUTREACH LAB	0	0	0	22,440	2,380	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	939	0	0	170,963	18,136	193.11
193.13	19313	HEALTHPOINT	416	0	0	2,932,371	311,069	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	64,644	6,858	194.00
194.01	07951	FOUNDATION OFFICE	375	0	0	28,545	3,028	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,022,781	3,285,654	6,498,782	276,311,779	26,500,326	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	4,675,421					6.00
7.00	00700	OPERATION OF PLANT	0	6,654,760				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	940,487			8.00
9.00	00900	HOUSEKEEPING	227,105	39,504	0	3,719,444		9.00
10.00	01000	DIETARY	414,674	153,931	0	86,548	4,077,755	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,134,288	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	54,248	164,757	0	92,635	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	83,670	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,711	42,352	0	23,813	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	159,985	167,226	0	94,023	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	12,001	0	6,747	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	11,360	0	6,387	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	26,031	0	14,636	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,188,852	931,588	238,592	523,788	1,534,483	30.00
33.01	03301	ADULT SPECIAL CARE	90,106	126,511	29,465	71,131	89,254	33.01
34.01	03401	CARDIOTHORACIC ICU	86,429	214,611	26,685	120,666	82,288	34.01
40.00	04000	SUBPROVIDER - IPF	54,248	62,247	8,456	34,998	112,496	40.00
41.00	04100	SUBPROVIDER - IRF	71,717	95,210	22,528	53,532	89,516	41.00
43.00	04300	NURSERY	16,550	16,784	4,799	9,437	8,412	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	333,762	496,051	260,443	278,906	11,727	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	94,704	72,882	30,759	40,978	0	52.00
53.00	05300	ANESTHESIOLOGY	2,758	94,723	0	53,258	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,622	67,280	86,869	37,828	125	54.00
54.01	05401	ULTRASOUND	1,839	17,805	0	10,011	0	54.01
54.03	05403	CARDIOVASCULAR LAB	75,395	188,081	19,383	105,749	224	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	34,939	566,891	22,402	318,736	0	55.00
55.01	05501	CHEMOTHERAPY	47,812	253,854	0	142,730	0	55.01
56.01	05601	NUCLEAR MEDICINE	3,678	23,764	0	13,361	1,184	56.01
57.00	05700	CT SCAN	11,033	50,733	0	28,525	0	57.00
58.00	05800	MRI	14,711	57,950	8,510	32,582	0	58.00
60.00	06000	LABORATORY	64,362	154,572	0	86,909	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,917	0	2,202	0	63.00
65.00	06500	RESPIRATORY THERAPY	28,503	33,248	0	18,694	0	65.00
66.00	06600	PHYSICAL THERAPY	11,953	20,749	2,604	11,666	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	182,728	0	102,739	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	4,273	0	2,403	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,137	0	1,201	0	68.00
69.01	06901	CV DIAGNOSTIC	24,825	16,630	1,875	9,350	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	20,228	53,688	0	30,186	212	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,020	50,804	0	28,565	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	19,309	17,449	0	9,811	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	83,670	201,791	0	113,458	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	22,067	134,524	0	75,636	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	138,837	0	4,824	0	0	90.01
90.02	09002	DIABETES CENTER	19,309	59,350	0	33,370	0	90.02
91.00	09100	EMERGENCY	242,736	144,851	137,125	81,443	13,509	91.00
91.01	09101	G.I. LABORATORY	107,576	98,261	34,089	55,247	37	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	17,470	39,005	0	21,931	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,839	39,005	0	21,931	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,152,252	5,211,109	939,408	2,907,747	4,077,755	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,597	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	6,436	46,293	0	26,029	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	312,614	626,277	1,079	352,126	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	1,839	23,147	0	13,014	0	193.08
193.09	19309	OUTREACH LAB	0	17,307	0	9,731	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	175,616	87,221	0	49,040	0	193.11
193.13	19313	HEALTHPOINT	22,067	623,298	0	350,451	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	6,018	0	3,384	0	194.00
194.01	07951	FOUNDATION OFFICE	0	14,090	0	7,922	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,675,421	6,654,760	940,487	3,719,444	4,077,755	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,134,288					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	133,881	0	6,202,833			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,745	0	0	2,289,860		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	72,430	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	7,228	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	355,022	0	4,005,348	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	41,487	0	451,965	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	37,711	0	374,040	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	37,075	0	264,945	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	22,806	0	218,190	0	0	41.00
43.00	04300	NURSERY	67,533	0	109,095	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	194,959	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	331,906	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,638	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,674	0	0	0	0	54.00
54.01	05401	ULTRASOUND	25,784	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	77,914	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	723	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	87	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	3,178	0	0	0	0	56.01
57.00	05700	CT SCAN	23,516	0	0	0	0	57.00
58.00	05800	MRI	4,337	0	0	0	0	58.00
60.00	06000	LABORATORY	141,608	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	80,942	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	28,563	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,047	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,496	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,415	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	17,547	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	21,098	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,018,711	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,271,149	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,892	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
76.97	07697	CARDIAC REHABILITATION	10,231	0	93,510	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	46,755	0	0	90.02
91.00	09100	EMERGENCY	98,551	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	22,108	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,723	0	233,775	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,072	0	264,945	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,133,927	0	6,062,568	2,289,860	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	15,585	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	361	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	124,680	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,134,288	0	6,202,833	2,289,860	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	
			16.00	17.00	19.00	20.00	20.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,748,967					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		1,324,223		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0			106,423	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0				20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PHARMACY RESIDENCY	0	0				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	104,372	0	0	996,456	0	30.00
33.01	03301	ADULT SPECIAL CARE	19,934	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	12,204	0	0	16,050	0	34.01
40.00	04000	SUBPROVIDER - IPF	6,544	0	0	63,779	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,574	0	0	25,705	0	41.00
43.00	04300	NURSERY	5,671	0	0	12,370	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	314,101	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,570	0	0	79,468	0	52.00
53.00	05300	ANESTHESIOLOGY	69,696	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,248	0	0	10,137	0	54.00
54.01	05401	ULTRASOUND	30,339	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	105,582	0	0	38,859	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	58,362	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	14,093	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	49,741	0	0	0	0	56.01
57.00	05700	CT SCAN	136,197	0	0	0	0	57.00
58.00	05800	MRI	54,892	0	0	0	0	58.00
60.00	06000	LABORATORY	238,083	0	0	0	106,423	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,350	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	96,406	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,294	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	34,238	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,831	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,978	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	79,862	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	45,815	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	277,772	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	228,734	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422,317	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	
			16.00	17.00	19.00	20.00	20.01	
76.97	07697	CARDIAC REHABILITATION	2,906	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	13,224	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	12,550	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	13,462	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	321	0	0	0	0	90.02
91.00	09100	EMERGENCY	116,072	0	0	36,928	0	91.00
91.01	09101	G.I. LABORATORY	26,998	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,655	0	0	41,152	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,979	0		3,319	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,748,967	0	0	1,324,223	106,423	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,748,967	0	0	1,324,223	106,423	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PHARMACY RESIDENCY	
			20.02	20.03	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	41,776					20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO		100,779				20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PHARMACY RESIDENCY					229,671	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,776	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100,779	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PHARMACY RESIDENCY	
			20.02	20.03	21.00	22.00	23.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	229,671	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,776	100,779	0	0	229,671	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	41,776	100,779	0	0	229,671	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2					1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3					1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4					1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7					1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8					1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY					20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY					20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO					20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PHARMACY RESIDENCY					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	29,288,191	0	29,288,191		30.00
33.01	03301	ADULT SPECIAL CARE	5,728,701	0	5,728,701		33.01
34.01	03401	CARDIOTHORACIC ICU	4,102,859	0	4,102,859		34.01
40.00	04000	SUBPROVIDER - IPF	2,108,965	0	2,108,965		40.00
41.00	04100	SUBPROVIDER - IRF	1,964,910	0	1,964,910		41.00
43.00	04300	NURSERY	1,395,077	0	1,395,077		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	16,939,241	0	16,939,241		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,990,806	0	2,990,806		52.00
53.00	05300	ANESTHESIOLOGY	2,061,773	0	2,061,773		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,178,058	0	6,178,058		54.00
54.01	05401	ULTRASOUND	1,218,585	0	1,218,585		54.01
54.03	05403	CARDIOVASCULAR LAB	5,683,439	0	5,683,439		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	6,235,726	0	6,235,726		55.00
55.01	05501	CHEMOTHERAPY	2,054,565	0	2,054,565		55.01
56.01	05601	NUCLEAR MEDICINE	1,960,190	0	1,960,190		56.01
57.00	05700	CT SCAN	2,828,743	0	2,828,743		57.00
58.00	05800	MRI	1,432,106	0	1,432,106		58.00
60.00	06000	LABORATORY	13,543,269	0	13,543,269		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,223,153	0	1,223,153		63.00
65.00	06500	RESPIRATORY THERAPY	4,307,112	0	4,307,112		65.00
66.00	06600	PHYSICAL THERAPY	1,522,946	0	1,522,946		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,365,018	0	3,365,018		66.01
66.02	06602	PHYSIATRY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	453,370	0	453,370		67.00
68.00	06800	SPEECH PATHOLOGY	302,714	0	302,714		68.00
69.01	06901	CV DIAGNOSTIC	2,547,793	0	2,547,793		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	1,447,564	0	1,447,564		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,541,173	0	20,541,173		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,843,774	0	22,843,774		72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	34,532,546	0	34,532,546		73.00
76.00	03950	CARDIAC REHAB	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	574,163	0	574,163		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	5,157,642	0	5,157,642		88.01
88.02	08802	RURAL HEALTH CLINIC III	3,960,147	0	3,960,147		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	809,632	0	809,632		90.01
90.02	09002	DIABETES CENTER	518,243	0	518,243		90.02
91.00	09100	EMERGENCY	8,585,877	0	8,585,877		91.00
91.01	09101	G.I. LABORATORY	1,758,215	0	1,758,215		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	2,154,074	0	2,154,074		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,563,682	0	2,563,682		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	226,884,042	0	226,884,042		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,869	0	8,869		190.00
191.01	19101	RESPITE CARE	0	0	0		191.01
193.01	19301	VENDING MACHINES	0	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0		193.02
193.03	19303	LACEYS RESTAURANT	154,517	0	154,517		193.03
193.04	19304	COMMUNITY WELLNESS	1,410	0	1,410		193.04
193.05	19305	HOME INFUSION	0	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	37,774,851	0	37,774,851		193.06
193.07	19307	GENERATIONS	0	0	0		193.07
193.08	19308	RETAIL PHARMACY	6,436,470	0	6,436,470		193.08
193.09	19309	OUTREACH LAB	51,858	0	51,858		193.09
193.10	19310	FOOT CLINIC	361	0	361		193.10
193.11	19311	MARKETING	500,976	0	500,976		193.11
193.13	19313	HEALTHPOINT	4,363,936	0	4,363,936		193.13
193.14	19314	DOCTORS PARK	0	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT	80,904	0	80,904		194.00
194.01	07951	FOUNDATION OFFICE	53,585	0	53,585		194.01
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	276,311,779	0	276,311,779		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,650	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	25,827	3,358	0	0	0	5.01
5.02	00550	DATA PROCESSING	337,497	0	3,653	2,060	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,495	0	5,939	60,184	0	5.03
5.04	00570	ADMITTING	0	0	19,149	0	18,920	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,843	0	0	7,649	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,174	47,711	18,060	0	53,433	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,000	0	0	15,762	40,085	6.00
7.00	00700	OPERATION OF PLANT	1,399,502	20,008	11,532	49,168	14,933	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,628	4,478	1,213	8.00
9.00	00900	HOUSEKEEPING	0	0	8,463	8,031	2,653	9.00
10.00	01000	DIETARY	0	0	18,936	0	69,299	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	38,739	14,353	7,210	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	990	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	94,570	27,353	63,216	326,474	91,532	30.00
33.01	03301	ADULT SPECIAL CARE	83,989	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	25,417	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	78,275	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,734	0	39,699	0	0	41.00
43.00	04300	NURSERY	1,153	0	0	0	10,719	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	111,500	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	17,343	0	19,989	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,068	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,495	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	25,148	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	93,963	19,833	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	400	59,656	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	393,846	72,058	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	40,971	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	39,719	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	33,310	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,687,389	299,559	269,000	551,642	330,425	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,045	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	41,032	0	1,910	0	8,975	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	14,484	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,742,905	299,559	270,910	554,687	339,400	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,746	0	0	67,501	4.00
5.01	01160	COMMUNICATIONS	0	0	2,294	0	9,477	5.01
5.02	00550	DATA PROCESSING	0	9,115	7,470	0	44,426	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	75,126	5.03
5.04	00570	ADMITTING	0	16,602	0	0	109,544	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	26,349	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	11,427	8,636	2,392	299,713	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	66,774	216,934	6.00
7.00	00700	OPERATION OF PLANT	0	25,534	77,638	0	448,988	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	314	975	0	8.00
9.00	00900	HOUSEKEEPING	0	4,466	784	1,752	47,786	9.00
10.00	01000	DIETARY	0	0	0	0	186,206	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	60,931	1,755	0	199,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	51,232	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	202,288	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	14,517	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	13,741	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	31,489	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	148,013	0	1,126,916	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	52,239	0	153,037	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	137,754	259,609	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	75,298	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	115,173	41.00
43.00	04300	NURSERY	0	0	0	0	20,303	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	83,138	160,635	600,058	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	88,164	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,820	114,584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,358	81,386	54.00
54.01	05401	ULTRASOUND	0	0	0	11,429	21,538	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	22,468	42,926	227,517	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	163,324	685,752	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	307,079	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	15,254	28,746	56.01
57.00	05700	CT SCAN	0	0	0	8,412	61,370	57.00
58.00	05800	MRI	0	0	0	0	70,100	58.00
60.00	06000	LABORATORY	0	0	44,510	7,787	186,981	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,617	0	4,738	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,701	40,219	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,568	0	25,099	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	221,041	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,765	0	5,169	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	882	0	2,585	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,313	3,970	20,117	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,446	0	64,945	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,219	61,456	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	19,308	0	0	21,108	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	244,101	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	162,729	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	71,794	90.02
91.00	09100	EMERGENCY	0	0	0	92,977	175,221	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	118,863	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	47,183	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	47,183	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	209,129	468,850	801,459	7,601,780	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	56,000	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	757,589	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	28,000	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	20,935	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	105,509	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	753,985	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	7,280	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	17,044	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	209,129	468,850	801,459	9,348,122	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	436,545	567,442	567,442			4.00
5.01	01160	COMMUNICATIONS	89,919	130,875	287	131,162		5.01
5.02	00550	DATA PROCESSING	6,626,116	7,030,337	640	2,147	7,033,124	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	75,946	223,690	4,088	1,098	58,462	5.03
5.04	00570	ADMITTING	2,333	166,548	12,248	4,094	94,942	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	215,137	259,978	10,348	3,695	187,788	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	399,773	842,319	14,968	12,981	765,846	5.06
6.00	00600	MAINTENANCE & REPAIRS	59,901	404,456	11,160	1,598	122,155	6.00
7.00	00700	OPERATION OF PLANT	75,597	2,122,900	0	0	173,888	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,608	0	0	24,575	8.00
9.00	00900	HOUSEKEEPING	24,016	97,951	10,744	949	90,210	9.00
10.00	01000	DIETARY	14,134	288,575	7,202	1,248	89,429	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	68,809	391,098	15,751	2,596	150,376	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	300,283	301,273	4,322	749	56,526	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	926	52,158	8,618	0	67,777	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	7,460	209,748	9,653	2,097	23,561	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	581	15,098	753	0	2,291	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	548	14,289	291	0	627	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	86	31,575	935	0	1,571	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	844	0	5,812	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,199	1,996,273	60,509	9,986	496,392	30.00
33.01	03301	ADULT SPECIAL CARE	49,522	338,787	9,350	1,997	123,596	33.01
34.01	03401	CARDIOTHORACIC ICU	127,861	550,641	7,639	1,398	80,582	34.01
40.00	04000	SUBPROVIDER - IPF	5,015	158,588	4,859	849	37,580	40.00
41.00	04100	SUBPROVIDER - IRF	13,681	172,287	4,368	1,648	35,219	41.00
43.00	04300	NURSERY	49,895	82,070	3,895	1,947	29,314	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	865,666	1,820,997	27,900	6,690	359,797	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	110,501	235,997	6,857	9,337	59,098	52.00
53.00	05300	ANESTHESIOLOGY	153,295	327,767	1,298	1,348	40,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	459,759	560,998	14,902	7,190	133,868	54.00
54.01	05401	ULTRASOUND	67,130	100,097	3,038	300	26,479	54.01
54.03	05403	CARDIOVASCULAR LAB	453,641	746,552	7,813	1,698	121,669	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,067,615	1,916,691	7,559	1,897	130,728	55.00
55.01	05501	CHEMOTHERAPY	35,207	342,286	4,084	399	40,250	55.01
56.01	05601	NUCLEAR MEDICINE	5,340	49,340	1,877	599	43,617	56.01
57.00	05700	CT SCAN	378,753	448,535	3,321	499	53,369	57.00
58.00	05800	MRI	211,729	281,829	2,029	949	27,253	58.00
60.00	06000	LABORATORY	262,783	527,209	21,840	3,844	308,662	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,355	0	300	29,692	63.00
65.00	06500	RESPIRATORY THERAPY	106,303	273,019	9,821	1,098	95,887	65.00
66.00	06600	PHYSICAL THERAPY	342	34,009	4,791	649	35,199	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	9,331	230,372	10,070	3,844	76,010	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,177	10,111	1,383	0	10,647	67.00
68.00	06800	SPEECH PATHOLOGY	784	4,251	1,052	100	7,091	68.00
69.01	06901	CV DIAGNOSTIC	35,520	63,920	4,139	2,247	54,425	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	43,659	171,106	2,578	1,448	28,632	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	422,986	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	527,802	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,382	545,961	13,993	1,098	836,973	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,845	51,261	2,184	649	10,698	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	19,023	263,124	15,975	2,397	122,618	88.01
88.02	08802	RURAL HEALTH CLINIC III	15,077	177,806	10,402	749	95,781	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	22,083	22,083	1,567	1,198	15,660	90.01
90.02	09002	DIABETES CENTER	1,669	73,463	1,044	649	9,343	90.02
91.00	09100	EMERGENCY	406,337	674,535	21,196	3,844	189,615	91.00
91.01	09101	G.I. LABORATORY	175,100	334,934	3,017	1,198	34,163	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	762	87,664	6,253	1,648	46,450	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	262	80,755	6,422	1,847	57,656	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,701,358	26,920,591	421,877	110,790	6,770,831	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	227	3,272	0	100	112	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	3,127	59,127	0	449	1,980	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	36	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	353,412	1,162,918	135,970	13,781	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	8,840	36,840	2,830	699	167,181	193.08
193.09	19309	OUTREACH LAB	0	20,935	0	0	649	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	10,481	130,474	0	1,598	4,914	193.11
193.13	19313	HEALTHPOINT	38,531	792,516	6,540	3,345	84,739	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	8,752	16,032	208	100	1,868	194.00
194.01	07951	FOUNDATION OFFICE	318	17,362	17	300	814	194.01
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,125,046	29,160,067	567,442	131,162	7,033,124	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.04	5.05	5.06	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	287,338					5.03
5.04	00570	ADMITTING	96	277,928				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	189	0	461,998			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	291	0	0	1,636,405		5.06
6.00	00600	MAINTENANCE & REPAIRS	64	0	0	27,691	567,124	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	39,414	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,570	0	8.00
9.00	00900	HOUSEKEEPING	59	0	0	20,450	27,548	9.00
10.00	01000	DIETARY	13	0	0	20,271	50,299	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	305	0	0	34,099	6,580	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21	0	0	12,813	10,149	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	233	0	0	15,373	1,784	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	167	0	0	5,348	19,406	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	1	0	0	519	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	4	0	0	142	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	356	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	1	0	0	1,317	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	211	10,553	17,526	114,958	144,207	30.00
33.01	03301	ADULT SPECIAL CARE	36	2,016	3,347	28,481	10,930	33.01
34.01	03401	CARDIOTHORACIC ICU	29	1,234	2,049	18,551	10,484	34.01
40.00	04000	SUBPROVIDER - IPF	25	662	1,099	8,672	6,580	40.00
41.00	04100	SUBPROVIDER - IRF	25	361	600	8,068	8,699	41.00
43.00	04300	NURSERY	31	573	952	6,778	2,008	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	168	31,758	52,743	88,885	40,485	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197	1,574	2,614	13,768	11,487	52.00
53.00	05300	ANESTHESIOLOGY	10	7,047	11,703	10,736	335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	193	8,316	13,811	32,270	28,217	54.00
54.01	05401	ULTRASOUND	0	3,067	5,094	6,709	223	54.01
54.03	05403	CARDIOVASCULAR LAB	32	10,675	17,729	30,041	9,145	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	113	5,901	9,800	30,998	4,238	55.00
55.01	05501	CHEMOTHERAPY	17	1,425	2,366	9,453	5,799	55.01
56.01	05601	NUCLEAR MEDICINE	29	5,029	8,352	11,048	446	56.01
57.00	05700	CT SCAN	8	13,771	22,870	15,273	1,338	57.00
58.00	05800	MRI	5	5,550	9,217	7,457	1,784	58.00
60.00	06000	LABORATORY	173	24,072	39,978	75,522	7,807	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,653	2,745	7,111	0	63.00
65.00	06500	RESPIRATORY THERAPY	15	9,747	16,188	23,983	3,457	65.00
66.00	06600	PHYSICAL THERAPY	16	2,052	3,408	8,452	1,450	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	69	3,462	5,749	18,030	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	691	1,147	2,573	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	503	836	1,723	0	68.00
69.01	06901	CV DIAGNOSTIC	52	8,075	13,410	14,201	3,011	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	28	4,632	7,693	7,559	2,454	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	252,137	28,085	46,643	113,981	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,356	23,127	38,408	126,414	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135	42,685	71,316	199,538	4,127	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.04	5.05	5.06	6.00	
76.97	07697	CARDIAC REHABILITATION	12	294	488	2,493	2,342	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	103	1,337	2,221	28,106	10,149	88.01
88.02	08802	RURAL HEALTH CLINIC III	48	1,269	2,107	22,005	2,677	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	24	1,361	2,261	3,865	16,841	90.01
90.02	09002	DIABETES CENTER	38	32	54	2,127	2,342	90.02
91.00	09100	EMERGENCY	134	11,736	19,491	45,692	29,444	91.00
91.01	09101	G.I. LABORATORY	22	2,730	4,533	8,374	13,049	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	40	370	614	10,616	2,119	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	62	503	836	13,187	223	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	287,037	277,928	461,998	1,361,061	503,663	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	25	558	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	449	781	193.03
193.04	19304	COMMUNITY WELLNESS	5	0	0	8	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	215,879	37,920	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	51	0	0	37,896	223	193.08
193.09	19309	OUTREACH LAB	0	0	0	147	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	133	0	0	1,120	21,302	193.11
193.13	19313	HEALTHPOINT	59	0	0	19,210	2,677	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	423	0	194.00
194.01	07951	FOUNDATION OFFICE	53	0	0	187	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	287,338	277,928	461,998	1,636,405	567,124	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	2,336,202					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	38,753				8.00
9.00	00900	HOUSEKEEPING	13,868	0	261,779			9.00
10.00	01000	DIETARY	54,039	0	6,091	517,167		10.00
11.00	01100	CAFETERIA	0	0	0	270,685	270,685	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	57,839	0	6,520	0	16,980	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	5,421	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,868	0	1,676	0	9,186	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	58,706	0	6,617	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	4,213	0	475	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	3,988	0	450	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	9,138	0	1,030	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	917	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	327,041	9,831	36,864	194,613	45,024	30.00
33.01	03301	ADULT SPECIAL CARE	44,413	1,214	5,006	11,320	5,262	33.01
34.01	03401	CARDIOTHORACIC ICU	75,341	1,100	8,493	10,436	4,783	34.01
40.00	04000	SUBPROVIDER - IPF	21,852	348	2,463	14,267	4,702	40.00
41.00	04100	SUBPROVIDER - IRF	33,424	928	3,768	11,353	2,892	41.00
43.00	04300	NURSERY	5,892	198	664	1,067	8,565	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	174,142	10,733	19,630	1,487	24,726	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,586	1,267	2,884	0	42,095	52.00
53.00	05300	ANESTHESIOLOGY	33,253	0	3,748	0	3,632	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,619	3,579	2,662	16	14,163	54.00
54.01	05401	ULTRASOUND	6,251	0	705	0	3,270	54.01
54.03	05403	CARDIOVASCULAR LAB	66,027	799	7,443	28	9,882	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	199,011	923	22,433	0	92	55.00
55.01	05501	CHEMOTHERAPY	89,117	0	10,045	0	11	55.01
56.01	05601	NUCLEAR MEDICINE	8,342	0	940	150	403	56.01
57.00	05700	CT SCAN	17,810	0	2,008	0	2,982	57.00
58.00	05800	MRI	20,344	351	2,293	0	550	58.00
60.00	06000	LABORATORY	54,264	0	6,117	0	17,960	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,375	0	155	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	11,672	0	1,316	0	10,266	65.00
66.00	06600	PHYSICAL THERAPY	7,284	107	821	0	3,623	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	64,148	0	7,231	0	133	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,500	0	169	0	697	67.00
68.00	06800	SPEECH PATHOLOGY	750	0	85	0	433	68.00
69.01	06901	CV DIAGNOSTIC	5,838	77	658	0	2,225	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	18,848	0	2,125	27	2,676	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,835	0	2,010	0	9,752	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,126	0	690	0	1,298	76.97

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		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	70,840	0	7,985	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	47,226	0	5,323	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	199	0	0	0	90.01
90.02	09002	DIABETES CENTER	20,835	0	2,349	0	0	90.02
91.00	09100	EMERGENCY	50,851	5,650	5,732	1,713	12,499	91.00
91.01	09101	G.I. LABORATORY	34,495	1,405	3,888	5	2,804	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	13,693	0	1,544	0	599	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,693	0	1,544	0	136	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,829,397	38,709	204,650	517,167	270,639	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	16,252	0	1,832	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	219,859	44	24,783	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	8,126	0	916	0	0	193.08
193.09	19309	OUTREACH LAB	6,076	0	685	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	46	193.10
193.11	19311	MARKETING	30,620	0	3,452	0	0	193.11
193.13	19313	HEALTHPOINT	218,813	0	24,665	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	2,113	0	238	0	0	194.00
194.01	07951	FOUNDATION OFFICE	4,946	0	558	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,336,202	38,753	261,779	517,167	270,685	202.00

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		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	682,144				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	391,274			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	171,673	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	440,479	0	0	6,526	30.00
33.01	03301	ADULT SPECIAL CARE	0	49,704	0	0	1,246	33.01
34.01	03401	CARDIOTHORACIC ICU	0	41,134	0	0	763	34.01
40.00	04000	SUBPROVIDER - IPF	0	29,137	0	0	409	40.00
41.00	04100	SUBPROVIDER - IRF	0	23,995	0	0	223	41.00
43.00	04300	NURSERY	0	11,998	0	0	355	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	19,638	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	973	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,142	54.00
54.01	05401	ULTRASOUND	0	0	0	0	1,897	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	6,601	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	3,649	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	881	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	3,110	56.01
57.00	05700	CT SCAN	0	0	0	0	8,515	57.00
58.00	05800	MRI	0	0	0	0	3,432	58.00
60.00	06000	LABORATORY	0	0	0	0	14,886	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,022	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,028	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,269	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	2,141	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	427	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	311	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	4,993	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	2,864	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	174,072	0	17,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	217,202	0	14,301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	26,205	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
76.97	07697	CARDIAC REHABILITATION	0	10,284	0	0	182	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	827	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	785	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	842	90.01
90.02	09002	DIABETES CENTER	0	5,142	0	0	20	90.02
91.00	09100	EMERGENCY	0	0	0	0	7,257	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	1,688	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	25,709	0	0	229	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	29,137	0	0	311	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	666,719	391,274	0	171,673	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	1,714	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	13,711	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	682,144	391,274	0	171,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
			17.00	19.00	20.00	20.01	20.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		335,303			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			23,350		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				19,791	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0					20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PHARMACY RESIDENCY	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
33.01	03301	ADULT SPECIAL CARE	0					33.01
34.01	03401	CARDIOTHORACIC ICU	0					34.01
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	05401	ULTRASOUND	0					54.01
54.03	05403	CARDIOVASCULAR LAB	0					54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
55.01	05501	CHEMOTHERAPY	0					55.01
56.01	05601	NUCLEAR MEDICINE	0					56.01
57.00	05700	CT SCAN	0					57.00
58.00	05800	MRI	0					58.00
60.00	06000	LABORATORY	0					60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0					66.01
66.02	06602	PHYSIATRY	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.01	06901	CV DIAGNOSTIC	0					69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0					69.02
70.01	07001	NEUROPHYSIOLOGY	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
76.00	03950	CARDIAC REHAB	0					76.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
			17.00	19.00	20.00	20.01	20.02	
76.97	07697	CARDIAC REHABILITATION	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
76.99	07699	LITHOTRIPSY	0					76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0					88.00
88.01	08801	RURAL HEALTH CLINIC II	0					88.01
88.02	08802	RURAL HEALTH CLINIC III	0					88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0					90.01
90.02	09002	DIABETES CENTER	0					90.02
91.00	09100	EMERGENCY	0					91.00
91.01	09101	G.I. LABORATORY	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0					101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.01	19101	RESPITE CARE	0					191.01
193.01	19301	VENDING MACHINES	0					193.01
193.02	19302	SUNSET GUEST HOUSE	0					193.02
193.03	19303	LACEYS RESTAURANT	0					193.03
193.04	19304	COMMUNITY WELLNESS	0					193.04
193.05	19305	HOME INFUSION	0					193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0					193.06
193.07	19307	GENERATIONS	0					193.07
193.08	19308	RETAIL PHARMACY	0					193.08
193.09	19309	OUTREACH LAB	0					193.09
193.10	19310	FOOT CLINIC	0					193.10
193.11	19311	MARKETING	0					193.11
193.13	19313	HEALTHPOINT	0					193.13
193.14	19314	DOCTORS PARK	0					193.14
194.00	07950	JAZZMANS RESTAURANT	0					194.00
194.01	07951	FOUNDATION OFFICE	0					194.01
200.00		Cross Foot Adjustments		0	335,303	23,350	19,791	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	335,303	23,350	19,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PHARMACY RESIDENCY	Subtotal	
			20.03	21.00	22.00	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	44,605					20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PHARMACY RESIDENCY				8,891		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS					3,910,993	30.00
33.01	03301	ADULT SPECIAL CARE					636,705	33.01
34.01	03401	CARDIOTHORACIC ICU					814,657	34.01
40.00	04000	SUBPROVIDER - IPF					292,092	40.00
41.00	04100	SUBPROVIDER - IRF					307,858	41.00
43.00	04300	NURSERY					156,307	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM					2,679,779	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					413,734	52.00
53.00	05300	ANESTHESIOLOGY					445,429	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					848,946	54.00
54.01	05401	ULTRASOUND					157,130	54.01
54.03	05403	CARDIOVASCULAR LAB					1,036,134	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC					2,334,033	55.00
55.01	05501	CHEMOTHERAPY					506,133	55.01
56.01	05601	NUCLEAR MEDICINE					133,282	56.01
57.00	05700	CT SCAN					590,299	57.00
58.00	05800	MRI					363,043	58.00
60.00	06000	LABORATORY					1,102,334	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					50,408	63.00
65.00	06500	RESPIRATORY THERAPY					462,497	65.00
66.00	06600	PHYSICAL THERAPY					103,130	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB					421,259	66.01
66.02	06602	PHYSIATRY					0	66.02
67.00	06700	OCCUPATIONAL THERAPY					29,345	67.00
68.00	06800	SPEECH PATHOLOGY					17,135	68.00
69.01	06901	CV DIAGNOSTIC					177,271	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB					0	69.02
70.01	07001	NEUROPHYSIOLOGY					252,670	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					1,055,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					978,610	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PHARMACY RESIDENCY	Subtotal	
			20.03	21.00	22.00	23.00	24.00	
73.00	07300	DRUGS CHARGED TO PATIENTS					1,771,628	73.00
76.00	03950	CARDIAC REHAB					0	76.00
76.97	07697	CARDIAC REHABILITATION					89,001	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC					0	88.00
88.01	08801	RURAL HEALTH CLINIC II					525,682	88.01
88.02	08802	RURAL HEALTH CLINIC III					366,178	88.02
90.01	09001	HYPERBARIC WOUND CLINIC					65,901	90.01
90.02	09002	DIABETES CENTER					117,438	90.02
91.00	09100	EMERGENCY					1,079,389	91.00
91.01	09101	G.I. LABORATORY					446,305	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY					197,548	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE					206,312	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	25,141,866	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					4,067	190.00
191.01	19101	RESPITE CARE					0	191.01
193.01	19301	VENDING MACHINES					0	193.01
193.02	19302	SUNSET GUEST HOUSE					0	193.02
193.03	19303	LACEYS RESTAURANT					80,870	193.03
193.04	19304	COMMUNITY WELLNESS					49	193.04
193.05	19305	HOME INFUSION					0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC					1,812,868	193.06
193.07	19307	GENERATIONS					0	193.07
193.08	19308	RETAIL PHARMACY					254,762	193.08
193.09	19309	OUTREACH LAB					28,492	193.09
193.10	19310	FOOT CLINIC					46	193.10
193.11	19311	MARKETING					193,613	193.11
193.13	19313	HEALTHPOINT					1,166,275	193.13
193.14	19314	DOCTORS PARK					0	193.14
194.00	07950	JAZZMANS RESTAURANT					20,982	194.00
194.01	07951	FOUNDATION OFFICE					24,237	194.01
200.00		Cross Foot Adjustments	44,605	0	0	8,891	431,940	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	44,605	0	0	8,891	29,160,067	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3				1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4				1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8				1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY				20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO				20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PHARMACY RESIDENCY				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	3,910,993		30.00
33.01	03301	ADULT SPECIAL CARE	0	636,705		33.01
34.01	03401	CARDIOTHORACIC ICU	0	814,657		34.01
40.00	04000	SUBPROVIDER - IPF	0	292,092		40.00
41.00	04100	SUBPROVIDER - IRF	0	307,858		41.00
43.00	04300	NURSERY	0	156,307		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,679,779		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	413,734		52.00
53.00	05300	ANESTHESIOLOGY	0	445,429		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	848,946		54.00
54.01	05401	ULTRASOUND	0	157,130		54.01
54.03	05403	CARDIOVASCULAR LAB	0	1,036,134		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,334,033		55.00
55.01	05501	CHEMOTHERAPY	0	506,133		55.01
56.01	05601	NUCLEAR MEDICINE	0	133,282		56.01
57.00	05700	CT SCAN	0	590,299		57.00
58.00	05800	MRI	0	363,043		58.00
60.00	06000	LABORATORY	0	1,102,334		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	50,408		63.00
65.00	06500	RESPIRATORY THERAPY	0	462,497		65.00
66.00	06600	PHYSICAL THERAPY	0	103,130		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	421,259		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	29,345		67.00
68.00	06800	SPEECH PATHOLOGY	0	17,135		68.00
69.01	06901	CV DIAGNOSTIC	0	177,271		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	252,670		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,055,271		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	978,610		72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,771,628		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	89,001		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	525,682		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	366,178		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	65,901		90.01
90.02	09002	DIABETES CENTER	0	117,438		90.02
91.00	09100	EMERGENCY	0	1,079,389		91.00
91.01	09101	G.I. LABORATORY	0	446,305		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	197,548		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	206,312		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	25,141,866		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,067		190.00
191.01	19101	RESPITE CARE	0	0		191.01
193.01	19301	VENDING MACHINES	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0	0		193.02
193.03	19303	LACEYS RESTAURANT	0	80,870		193.03
193.04	19304	COMMUNITY WELLNESS	0	49		193.04
193.05	19305	HOME INFUSION	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	1,812,868		193.06
193.07	19307	GENERATIONS	0	0		193.07
193.08	19308	RETAIL PHARMACY	0	254,762		193.08
193.09	19309	OUTREACH LAB	0	28,492		193.09
193.10	19310	FOOT CLINIC	0	46		193.10
193.11	19311	MARKETING	0	193,613		193.11
193.13	19313	HEALTHPOINT	0	1,166,275		193.13
193.14	19314	DOCTORS PARK	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0	20,982		194.00
194.01	07951	FOUNDATION OFFICE	0	24,237		194.01
200.00		Cross Foot Adjustments	0	431,940		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	29,160,067		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,128					1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	54,736				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	37,161			1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	44,774		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	192	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	738	138	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,200	4,032	0	0	5.03
5.04	00570	ADMITTING	0	3,869	0	2,496	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	620	0	0	1,009	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,728	3,649	0	7,049	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,056	5,288	0	6.00
7.00	00700	OPERATION OF PLANT	1,144	2,330	3,294	1,970	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	329	300	160	0	8.00
9.00	00900	HOUSEKEEPING	0	1,710	538	350	0	9.00
10.00	01000	DIETARY	0	3,826	0	9,142	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,215	2,900	483	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	200	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,564	12,772	21,872	12,075	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	5,244	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,021	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,414	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,504	0	2,637	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,024	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,134	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	3,411	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,120	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	8,278	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,128	54,350	36,957	43,590	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	204	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	386	0	1,184	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	299,559	270,910	554,687	339,400	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.489433	4.949393	14.926590	7.580292	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)	
			1.05	1.06	1.07	1.08	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	15,922					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	95,656				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	105,190			1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	651,034		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					13,948,756	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,701	0	0	4,701	431,097	4.00
5.01	01160	COMMUNICATIONS	0	468	0	660	88,797	5.01
5.02	00550	DATA PROCESSING	694	1,524	0	3,094	6,543,416	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	5,232	74,998	5.03
5.04	00570	ADMITTING	1,264	0	0	7,629	2,304	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,835	212,452	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	870	1,762	314	20,873	394,784	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,764	15,108	59,153	6.00
7.00	00700	OPERATION OF PLANT	1,944	15,840	0	31,269	74,654	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	64	128	0	0	8.00
9.00	00900	HOUSEKEEPING	340	160	230	3,328	23,716	9.00
10.00	01000	DIETARY	0	0	0	12,968	13,958	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,639	358	0	13,880	67,950	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	296,535	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,568	914	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	14,088	7,367	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	1,011	574	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	957	541	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	2,193	85	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	30,198	0	78,482	116,724	30.00
33.01	03301	ADULT SPECIAL CARE	0	10,658	0	10,658	48,904	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	18,080	18,080	126,265	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	5,244	4,952	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	8,021	13,510	41.00
43.00	04300	NURSERY	0	0	0	1,414	49,272	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	16,962	21,083	41,790	854,862	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,140	109,122	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,195	7,980	151,382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,147	5,668	454,021	54.00
54.01	05401	ULTRASOUND	0	0	1,500	1,500	66,292	54.01
54.03	05403	CARDIOVASCULAR LAB	0	4,584	5,634	15,845	447,979	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,436	47,758	1,054,291	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	21,386	34,768	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,002	2,002	5,273	56.01
57.00	05700	CT SCAN	0	0	1,104	4,274	374,026	57.00
58.00	05800	MRI	0	0	0	4,882	209,087	58.00
60.00	06000	LABORATORY	0	9,081	1,022	13,022	259,503	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	330	0	330	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,667	2,801	104,976	65.00
66.00	06600	PHYSICAL THERAPY	0	1,748	0	1,748	338	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	15,394	9,215	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	360	0	360	3,137	67.00
68.00	06800	SPEECH PATHOLOGY	0	180	0	180	774	68.00
69.01	06901	CV DIAGNOSTIC	0	880	521	1,401	35,077	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	499	0	4,523	43,114	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)	
			1.05	1.06	1.07	1.08	2.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	160	4,280	17,165	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	0	0	1,470	10,710	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	17,000	18,786	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	11,333	14,889	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	21,807	90.01
90.02	09002	DIABETES CENTER	0	0	0	5,000	1,648	90.02
91.00	09100	EMERGENCY	0	0	12,203	12,203	401,266	91.00
91.01	09101	G.I. LABORATORY	0	0	0	8,278	172,915	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,286	752	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,286	259	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,922	95,656	105,190	529,413	13,530,356	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	224	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	3,900	3,088	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	52,761	349,001	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	1,950	8,730	193.08
193.09	19309	OUTREACH LAB	0	0	0	1,458	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	7,348	10,350	193.11
193.13	19313	HEALTHPOINT	0	0	0	52,510	38,050	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	507	8,643	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	1,187	314	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	209,129	468,850	801,459	9,348,122	14,125,046	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.134594	4.901418	7.619156	14.358884	1.012638	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COS TS)	
			4.00	5.01	5A.02	5.02	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	96,664,998					4.00
5.01	01160	COMMUNICATIONS	48,910	2,627				5.01
5.02	00550	DATA PROCESSING	109,060	43	-16,316,920	227,025,216		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	696,342	22	0	1,887,146	15,560,212	5.03
5.04	00570	ADMITTING	2,086,491	82	0	3,064,711	5,175	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,762,869	74	0	6,061,775	10,220	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,549,981	260	0	24,721,468	15,785	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,901,130	32	0	3,943,158	3,458	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	5,613,090	4	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	793,273	0	8.00
9.00	00900	HOUSEKEEPING	1,830,354	19	0	2,911,976	3,200	9.00
10.00	01000	DIETARY	1,226,907	25	0	2,886,775	722	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,683,285	52	0	4,854,119	16,506	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	736,291	15	0	1,824,660	1,162	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,468,162	0	0	2,187,835	12,597	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,644,463	42	0	760,544	9,068	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	128,252	0	0	73,947	30	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	49,579	0	0	20,242	208	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	159,310	0	0	50,703	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	143,770	0	0	187,620	29	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,308,126	200	0	16,023,506	11,437	30.00
33.01	03301	ADULT SPECIAL CARE	1,592,918	40	0	3,989,682	1,974	33.01
34.01	03401	CARDIOTHORACIC ICU	1,301,325	28	0	2,601,181	1,547	34.01
40.00	04000	SUBPROVIDER - IPF	827,731	17	0	1,213,092	1,370	40.00
41.00	04100	SUBPROVIDER - IRF	744,133	33	0	1,136,883	1,360	41.00
43.00	04300	NURSERY	663,562	39	0	946,255	1,668	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,752,933	134	0	11,614,218	9,100	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,168,219	187	0	1,907,677	10,692	52.00
53.00	05300	ANESTHESIOLOGY	221,203	27	0	1,297,445	535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,538,661	144	0	4,321,247	10,460	54.00
54.01	05401	ULTRASOUND	517,569	6	0	854,740	0	54.01
54.03	05403	CARDIOVASCULAR LAB	1,330,953	34	0	3,927,466	1,725	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,287,699	38	0	4,219,895	6,133	55.00
55.01	05501	CHEMOTHERAPY	695,796	8	0	1,299,255	938	55.01
56.01	05601	NUCLEAR MEDICINE	319,779	12	0	1,407,939	1,575	56.01
57.00	05700	CT SCAN	565,752	10	0	1,722,750	448	57.00
58.00	05800	MRI	345,678	19	0	879,713	274	58.00
60.00	06000	LABORATORY	3,720,636	77	0	9,963,586	9,373	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	38	6	0	958,446	15	63.00
65.00	06500	RESPIRATORY THERAPY	1,673,021	22	0	3,095,236	816	65.00
66.00	06600	PHYSICAL THERAPY	816,168	13	0	1,136,236	853	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,715,511	77	0	2,453,597	3,739	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	235,534	0	0	343,691	0	67.00
68.00	06800	SPEECH PATHOLOGY	179,177	2	0	228,905	0	68.00
69.01	06901	CV DIAGNOSTIC	705,195	45	0	1,756,847	2,796	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	439,193	29	0	924,226	1,515	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,653,954	13,653,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,037,417	1,698,031	72.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COS TS)	
			4.00	5.01	5A.02	5.02	5.03	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,383,882	22	0	27,013,927	7,330	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	372,093	13	0	345,327	648	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,721,435	48	0	3,958,095	5,580	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,772,051	15	0	3,091,813	2,611	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	267,027	24	0	505,508	1,314	90.01
90.02	09002	DIABETES CENTER	177,917	13	0	301,606	2,063	90.02
91.00	09100	EMERGENCY	3,610,839	77	0	6,120,755	7,240	91.00
91.01	09101	G.I. LABORATORY	513,993	24	0	1,102,784	1,181	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,065,216	33	0	1,499,407	2,149	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,094,070	37	0	1,861,118	3,378	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,870,189	2,219	-16,316,920	218,558,467	15,543,870	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	3,603	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	9	0	63,900	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	1,160	248	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	23,160,359	276	-32,969,643	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	482,091	14	0	5,396,581	2,783	193.08
193.09	19309	OUTREACH LAB	0	0	0	20,935	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	32	0	158,623	7,225	193.11
193.13	19313	HEALTHPOINT	1,114,063	67	0	2,735,357	3,203	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	35,458	2	0	60,309	0	194.00
194.01	07951	FOUNDATION OFFICE	2,838	6	0	26,281	2,883	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,606,307	434,332		16,316,920	2,022,781	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.120067	165.333841		0.071873	0.129997	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	567,442	131,162		7,033,124	287,338	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005870	49.928435		0.030979	0.018466	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	
			5.04	5.05	5A.06	5.06	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	982,101,222					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	982,101,222				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	-26,500,326	249,811,453		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	4,227,015	5,085	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	6,016,521	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	850,288	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,121,684	247	9.00
10.00	01000	DIETARY	0	0	0	3,094,350	451	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,205,145	59	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,955,955	91	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,346,719	16	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	816,386	174	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	79,266	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	21,724	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	54,347	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	201,109	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,289,195	37,289,195	0	17,548,163	1,293	30.00
33.01	03301	ADULT SPECIAL CARE	7,121,984	7,121,984	0	4,347,645	98	33.01
34.01	03401	CARDIOTHORACIC ICU	4,360,186	4,360,186	0	2,831,777	94	34.01
40.00	04000	SUBPROVIDER - IPF	2,337,918	2,337,918	0	1,323,752	59	40.00
41.00	04100	SUBPROVIDER - IRF	1,277,002	1,277,002	0	1,231,494	78	41.00
43.00	04300	NURSERY	2,026,045	2,026,045	0	1,034,667	18	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	112,219,158	112,219,158	0	13,568,189	363	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,562,720	5,562,720	0	2,101,599	103	52.00
53.00	05300	ANESTHESIOLOGY	24,900,364	24,900,364	0	1,638,849	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,384,607	29,384,607	0	4,925,947	253	54.00
54.01	05401	ULTRASOUND	10,839,102	10,839,102	0	1,024,163	2	54.01
54.03	05403	CARDIOVASCULAR LAB	37,721,345	37,721,345	0	4,585,787	82	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	20,850,991	20,850,991	0	4,731,727	38	55.00
55.01	05501	CHEMOTHERAPY	5,035,051	5,035,051	0	1,442,922	52	55.01
56.01	05601	NUCLEAR MEDICINE	17,770,986	17,770,986	0	1,686,390	4	56.01
57.00	05700	CT SCAN	48,659,290	48,659,290	0	2,331,420	12	57.00
58.00	05800	MRI	19,611,377	19,611,377	0	1,138,365	16	58.00
60.00	06000	LABORATORY	85,060,131	85,060,131	0	11,528,371	70	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,841,229	5,841,229	0	1,085,530	0	63.00
65.00	06500	RESPIRATORY THERAPY	34,442,901	34,442,901	0	3,660,961	31	65.00
66.00	06600	PHYSICAL THERAPY	7,250,268	7,250,268	0	1,290,246	13	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	12,232,162	12,232,162	0	2,752,299	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,440,459	2,440,459	0	392,708	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,778,523	1,778,523	0	263,076	0	68.00
69.01	06901	CV DIAGNOSTIC	28,532,235	28,532,235	0	2,167,747	27	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	16,368,221	16,368,221	0	1,153,927	22	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,239,866	99,239,866	0	17,398,988	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	81,719,862	81,719,862	0	19,296,861	0	72.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	
			5.04	5.05	5A.06	5.06	6.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	150,857,622	150,857,622	0	30,459,141	37	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,038,216	1,038,216	0	380,575	21	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	4,724,621	4,724,621	0	4,290,372	91	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,483,677	4,483,677	0	3,359,040	24	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	4,809,591	4,809,591	0	589,929	151	90.01
90.02	09002	DIABETES CENTER	114,757	114,757	0	324,694	21	90.02
91.00	09100	EMERGENCY	41,469,219	41,469,219	0	6,974,771	264	91.00
91.01	09101	G.I. LABORATORY	9,645,502	9,645,502	0	1,278,296	117	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,305,836	1,305,836	0	1,620,463	19	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,779,003	1,779,003	0	2,013,046	2	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	982,101,222	982,101,222	-26,500,326	207,764,406	4,516	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,862	5	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	68,493	7	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	1,275	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	32,969,643	340	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	5,784,811	2	193.08
193.09	19309	OUTREACH LAB	0	0	0	22,440	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	170,963	191	193.11
193.13	19313	HEALTHPOINT	0	0	0	2,932,371	24	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	64,644	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	28,545	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,285,654	6,498,782		26,500,326	4,675,421	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003346	0.006617		0.106081	919.453491	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	277,928	461,998		1,636,405	567,124	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000283	0.000470		0.006551	111.528810	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	560,633					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,446,352				8.00
9.00	00900	HOUSEKEEPING	3,328	0	557,305			9.00
10.00	01000	DIETARY	12,968	0	12,968	327,210		10.00
11.00	01100	CAFETERIA	0	0	0	171,261	171,261	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,880	0	13,880	0	10,743	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,430	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,568	0	3,568	0	5,812	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	14,088	0	14,088	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	1,011	0	1,011	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	957	0	957	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	2,193	0	2,193	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	580	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,482	366,924	78,482	123,131	28,488	30.00
33.01	03301	ADULT SPECIAL CARE	10,658	45,314	10,658	7,162	3,329	33.01
34.01	03401	CARDIOTHORACIC ICU	18,080	41,038	18,080	6,603	3,026	34.01
40.00	04000	SUBPROVIDER - IPF	5,244	13,005	5,244	9,027	2,975	40.00
41.00	04100	SUBPROVIDER - IRF	8,021	34,645	8,021	7,183	1,830	41.00
43.00	04300	NURSERY	1,414	7,381	1,414	675	5,419	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,790	400,528	41,790	941	15,644	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,140	47,304	6,140	0	26,633	52.00
53.00	05300	ANESTHESIOLOGY	7,980	0	7,980	0	2,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,668	133,593	5,668	10	8,961	54.00
54.01	05401	ULTRASOUND	1,500	0	1,500	0	2,069	54.01
54.03	05403	CARDIOVASCULAR LAB	15,845	29,808	15,845	18	6,252	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	47,758	34,452	47,758	0	58	55.00
55.01	05501	CHEMOTHERAPY	21,386	0	21,386	0	7	55.01
56.01	05601	NUCLEAR MEDICINE	2,002	0	2,002	95	255	56.01
57.00	05700	CT SCAN	4,274	0	4,274	0	1,887	57.00
58.00	05800	MRI	4,882	13,087	4,882	0	348	58.00
60.00	06000	LABORATORY	13,022	0	13,022	0	11,363	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	330	0	330	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,801	0	2,801	0	6,495	65.00
66.00	06600	PHYSICAL THERAPY	1,748	4,005	1,748	0	2,292	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	15,394	0	15,394	0	84	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	360	0	360	0	441	67.00
68.00	06800	SPEECH PATHOLOGY	180	0	180	0	274	68.00
69.01	06901	CV DIAGNOSTIC	1,401	2,884	1,401	0	1,408	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	4,523	0	4,523	17	1,693	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,280	0	4,280	0	6,170	73.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,470	0	1,470	0	821	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	17,000	0	17,000	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	11,333	0	11,333	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	7,419	0	0	0	90.01
90.02	09002	DIABETES CENTER	5,000	0	5,000	0	0	90.02
91.00	09100	EMERGENCY	12,203	210,881	12,203	1,084	7,908	91.00
91.01	09101	G.I. LABORATORY	8,278	52,424	8,278	3	1,774	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,286	0	3,286	0	379	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,286	0	3,286	0	86	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	439,012	1,444,692	435,684	327,210	171,232	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	3,900	0	3,900	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	52,761	1,660	52,761	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	1,950	0	1,950	0	0	193.08
193.09	19309	OUTREACH LAB	1,458	0	1,458	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	29	193.10
193.11	19311	MARKETING	7,348	0	7,348	0	0	193.11
193.13	19313	HEALTHPOINT	52,510	0	52,510	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	507	0	507	0	0	194.00
194.01	07951	FOUNDATION OFFICE	1,187	0	1,187	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,654,760	940,487	3,719,444	4,077,755	2,134,288	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.870083	0.650248	6.673983	12.462196	12.462195	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,336,202	38,753	261,779	517,167	270,685	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.167079	0.026794	0.469723	1.580535	1.580541	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUES)	
			12.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	398				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	30,691,235			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	982,101,222	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	257	0	0	37,289,195	30.00
33.01	03301	ADULT SPECIAL CARE	0	29	0	0	7,121,984	33.01
34.01	03401	CARDIOTHORACIC ICU	0	24	0	0	4,360,186	34.01
40.00	04000	SUBPROVIDER - IPF	0	17	0	0	2,337,918	40.00
41.00	04100	SUBPROVIDER - IRF	0	14	0	0	1,277,002	41.00
43.00	04300	NURSERY	0	7	0	0	2,026,045	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	112,219,158	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,562,720	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	24,900,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	29,384,607	54.00
54.01	05401	ULTRASOUND	0	0	0	0	10,839,102	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	37,721,345	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	20,850,991	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	5,035,051	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	17,770,986	56.01
57.00	05700	CT SCAN	0	0	0	0	48,659,290	57.00
58.00	05800	MRI	0	0	0	0	19,611,377	58.00
60.00	06000	LABORATORY	0	0	0	0	85,060,131	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	5,841,229	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	34,442,901	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,250,268	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	12,232,162	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,440,459	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,778,523	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	28,532,235	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	16,368,221	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	13,653,808	0	99,239,866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	17,037,427	0	81,719,862	72.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUES)	
			12.00	13.00	14.00	15.00	16.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	150,857,622	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6	0	0	1,038,216	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	4,724,621	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	4,483,677	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	4,809,591	90.01
90.02	09002	DIABETES CENTER	0	3	0	0	114,757	90.02
91.00	09100	EMERGENCY	0	0	0	0	41,469,219	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	9,645,502	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	15	0	0	1,305,836	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	17	0	0	1,779,003	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	389	30,691,235	0	982,101,222	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	1	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	8	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	6,202,833	2,289,860	0	2,748,967	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	15,585.007538	0.074610	0.000000	0.002799	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	682,144	391,274	0	171,673	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1,713.929648	0.012749	0.000000	0.000175	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	
			17.00	19.00	20.00	20.01	20.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		21,946			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			1,392		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				8,562	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0					20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PHARMACY RESIDENCY	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	16,514	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	266	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	1,057	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	426	0	0	41.00
43.00	04300	NURSERY	0	0	205	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	8,562	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,317	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	168	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	644	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	1,392	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	
			17.00	19.00	20.00	20.01	20.02	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	612	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	682	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		55	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	21,946	1,392	8,562	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	1,324,223	106,423	41,776	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	60.340062	76.453305	4.879234	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	335,303	23,350	19,791	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	15.278547	16.774425	2.311493	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)		
			20.03	21.00	22.00	23.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	2,501					20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PHARMACY RESIDENCY				100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0		30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0		33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0		34.01
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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
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	2,501	0	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0		66.01
66.02	06602	PHYSIATRY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0		70.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)		
			20.03	21.00	22.00	23.00		
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	100		73.00
76.00	03950	CARDIAC REHAB	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0		90.01
90.02	09002	DIABETES CENTER	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,501	0	0	100		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.01	19101	RESPITE CARE	0	0	0	0		191.01
193.01	19301	VENDING MACHINES	0	0	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0		193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0		193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0		193.04
193.05	19305	HOME INFUSION	0	0	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0		193.06
193.07	19307	GENERATIONS	0	0	0	0		193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0		193.08
193.09	19309	OUTREACH LAB	0	0	0	0		193.09
193.10	19310	FOOT CLINIC	0	0	0	0		193.10
193.11	19311	MARKETING	0	0	0	0		193.11
193.13	19313	HEALTHPOINT	0	0	0	0		193.13
193.14	19314	DOCTORS PARK	0	0	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0		194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0		194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	100,779	0	0	229,671		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	40.295482	0.000000	0.000000	2,296.710000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	44,605	0	0	8,891		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	17.834866	0.000000	0.000000	88.910000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/22/2018 3:53 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,288,191		29,288,191	0	29,288,191	30.00
33.01	03301	ADULT SPECIAL CARE	5,728,701		5,728,701	0	5,728,701	33.01
34.01	03401	CARDIOTHORACIC ICU	4,102,859		4,102,859	0	4,102,859	34.01
40.00	04000	SUBPROVIDER - IPF	2,108,965		2,108,965	0	2,108,965	40.00
41.00	04100	SUBPROVIDER - IRF	1,964,910		1,964,910	0	1,964,910	41.00
43.00	04300	NURSERY	1,395,077		1,395,077	0	1,395,077	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,939,241		16,939,241	0	16,939,241	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,990,806		2,990,806	0	2,990,806	52.00
53.00	05300	ANESTHESIOLOGY	2,061,773		2,061,773	0	2,061,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,178,058		6,178,058	0	6,178,058	54.00
54.01	05401	ULTRASOUND	1,218,585		1,218,585	0	1,218,585	54.01
54.03	05403	CARDIOVASCULAR LAB	5,683,439		5,683,439	0	5,683,439	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	6,235,726		6,235,726	0	6,235,726	55.00
55.01	05501	CHEMOTHERAPY	2,054,565		2,054,565	0	2,054,565	55.01
56.01	05601	NUCLEAR MEDICINE	1,960,190		1,960,190	0	1,960,190	56.01
57.00	05700	CT SCAN	2,828,743		2,828,743	0	2,828,743	57.00
58.00	05800	MRI	1,432,106		1,432,106	0	1,432,106	58.00
60.00	06000	LABORATORY	13,543,269		13,543,269	0	13,543,269	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,223,153		1,223,153	0	1,223,153	63.00
65.00	06500	RESPIRATORY THERAPY	4,307,112	0	4,307,112	0	4,307,112	65.00
66.00	06600	PHYSICAL THERAPY	1,522,946	0	1,522,946	0	1,522,946	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,365,018	0	3,365,018	0	3,365,018	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	453,370	0	453,370	0	453,370	67.00
68.00	06800	SPEECH PATHOLOGY	302,714	0	302,714	0	302,714	68.00
69.01	06901	CV DIAGNOSTIC	2,547,793		2,547,793	0	2,547,793	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,447,564		1,447,564	0	1,447,564	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,541,173		20,541,173	0	20,541,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,843,774		22,843,774	0	22,843,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,532,546		34,532,546	0	34,532,546	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	574,163		574,163	0	574,163	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	5,157,642		5,157,642	0	5,157,642	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,960,147		3,960,147	0	3,960,147	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	809,632		809,632	0	809,632	90.01
90.02	09002	DIABETES CENTER	518,243		518,243	0	518,243	90.02
91.00	09100	EMERGENCY	8,585,877		8,585,877	0	8,585,877	91.00
91.01	09101	G.I. LABORATORY	1,758,215		1,758,215	0	1,758,215	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,295,352		6,295,352		6,295,352	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,154,074		2,154,074		2,154,074	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,563,682		2,563,682		2,563,682	116.00
200.00		Subtotal (see instructions)	233,179,394	0	233,179,394	0	233,179,394	200.00
201.00		Less Observation Beds	6,295,352		6,295,352		6,295,352	201.00
202.00		Total (see instructions)	226,884,042	0	226,884,042	0	226,884,042	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/22/2018 3:53 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,051,813		23,051,813			30.00
33.01	03301	ADULT SPECIAL CARE	7,121,984		7,121,984			33.01
34.01	03401	CARDIOTHORACIC ICU	4,360,186		4,360,186			34.01
40.00	04000	SUBPROVIDER - IPF	2,337,918		2,337,918			40.00
41.00	04100	SUBPROVIDER - IRF	1,277,002		1,277,002			41.00
43.00	04300	NURSERY	2,026,045		2,026,045			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	52,620,781	59,598,377	112,219,158	0.150948	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,432,841	129,879	5,562,720	0.537652	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,674,351	12,226,012	24,900,363	0.082801	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,289,543	20,095,064	29,384,607	0.210248	0.000000	54.00
54.01	05401	ULTRASOUND	2,684,799	8,154,303	10,839,102	0.112425	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	12,930,039	24,791,306	37,721,345	0.150669	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	429,644	20,421,347	20,850,991	0.299061	0.000000	55.00
55.01	05501	CHEMOTHERAPY	15,771	5,019,280	5,035,051	0.408052	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	1,466,159	16,304,828	17,770,987	0.110303	0.000000	56.01
57.00	05700	CT SCAN	11,404,038	37,255,252	48,659,290	0.058134	0.000000	57.00
58.00	05800	MRI	3,209,432	16,401,945	19,611,377	0.073024	0.000000	58.00
60.00	06000	LABORATORY	38,502,504	46,557,627	85,060,131	0.159220	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,392,036	449,193	5,841,229	0.209400	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	29,385,787	5,057,114	34,442,901	0.125051	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,860,295	389,973	7,250,268	0.210054	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	10,000	12,222,162	12,232,162	0.275096	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,328,120	112,339	2,440,459	0.185772	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,638,900	139,623	1,778,523	0.170205	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,688,770	20,843,465	28,532,235	0.089295	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	8,675,921	7,692,300	16,368,221	0.088437	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,081,216	44,158,651	99,239,867	0.206985	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,270,144	31,449,719	81,719,863	0.279538	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,902,947	90,954,675	150,857,622	0.228908	0.000000	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	16,982	1,021,234	1,038,216	0.553028	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,724,621	4,724,621			88.01
88.02	08802	RURAL HEALTH CLINIC III	0	4,483,677	4,483,677			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	79,073	4,730,518	4,809,591	0.168337	0.000000	90.01
90.02	09002	DIABETES CENTER	0	114,757	114,757	4.516003	0.000000	90.02
91.00	09100	EMERGENCY	7,581,435	33,887,784	41,469,219	0.207042	0.000000	91.00
91.01	09101	G.I. LABORATORY	1,406,768	8,238,734	9,645,502	0.182283	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,340,955	9,896,427	14,237,382	0.442171	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,305,836	1,305,836			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,779,003	1,779,003			116.00
200.00		Subtotal (see instructions)	431,494,199	550,607,025	982,101,224			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	431,494,199	550,607,025	982,101,224			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Hospital	PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
33.01	03301	ADULT SPECIAL CARE			33.01
34.01	03401	CARDIOTHORACIC ICU			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.150948		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652		52.00
53.00	05300	ANESTHESIOLOGY	0.082801		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248		54.00
54.01	05401	ULTRASOUND	0.112425		54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061		55.00
55.01	05501	CHEMOTHERAPY	0.408052		55.01
56.01	05601	NUCLEAR MEDICINE	0.110303		56.01
57.00	05700	CT SCAN	0.058134		57.00
58.00	05800	MRI	0.073024		58.00
60.00	06000	LABORATORY	0.159220		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400		63.00
65.00	06500	RESPIRATORY THERAPY	0.125051		65.00
66.00	06600	PHYSICAL THERAPY	0.210054		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772		67.00
68.00	06800	SPEECH PATHOLOGY	0.170205		68.00
69.01	06901	CV DIAGNOSTIC	0.089295		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908		73.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.553028		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
88.01	08801	RURAL HEALTH CLINIC II			88.01
88.02	08802	RURAL HEALTH CLINIC III			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337		90.01
90.02	09002	DIABETES CENTER	4.516003		90.02
91.00	09100	EMERGENCY	0.207042		91.00
91.01	09101	G.I. LABORATORY	0.182283		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

Client Name: ***Southeast Health***
Engagement: ***CR2017***
Period Ending: ***12/31/17***
Workpaper: ***C.01 - Patient Revenue Summary***

Purpose: To summarize the inpatient and outpatient revenues to be reported on Worksheet C.

		A	B	C	D	E	F	G	H	I	J
					Reclassifications		Adjustments		Adjusted	Adjusted	Adjusted
CMS Line	CMS Description	Inpatient Revenue	Outpatient Revenue	Total Revenue	Inpatient Amount	Outpatient Amount	Inpatient Amount	Outpatient Amount	Inpatient Revenue	Outpatient Revenue	Total Revenue
		G.6	G.6	crossfoot	C.02	C.02	C.03	C.03	A+D+F	B+E+G	H+I
30	ADULTS & PEDIATRICS	43,454,262	18,145,054	61,599,316	(20,189,472)	(13,428,482)	(212,977)	(4,716,572)	23,051,813	-	**23,051,813**
33.01	ADULT SPECIAL CARE	7,186,747	186,413	7,373,160	(8,029)	(186,413)	(56,734)	-	7,121,984	-	**7,121,984**
34.01	CARDIOTHORACIC ICU	4,407,886	74,501	4,482,387	(34,508)	(74,501)	(13,192)	-	4,360,186	-	**4,360,186**
40	SUBPROVIDER - IPF	2,755,705	42,265	2,797,970	71,413	247	(489,200)	(42,512)	2,337,918	-	**2,337,918**
41	SUBPROVIDER - IRF	1,326,234	-	1,326,234	(14,345)	14,345	(34,887)	(14,345)	1,277,002	-	**1,277,002**
43	NURSERY	1,169,834	-	1,169,834	927,524	-	(71,313)	-	2,026,045	-	**2,026,045**
	placeholder	-	-	-	-	-	-	-	-	-	**-**
50	OPERATING ROOM	125,319,851	101,509,629	226,829,480	(72,112,957)	(40,416,007)	(586,113)	(1,495,245)	52,620,781	59,598,377	**112,219,158**
52	DELIVERY ROOM & LABOR ROOM	-	-	-	5,810,938	133,115	(378,097)	(3,236)	5,432,841	129,879	**5,562,720**
53	ANESTHESIOLOGY	16,811,184	40,164,527	56,975,711	(3,959,610)	(4,104,728)	(177,223)	(23,833,787)	12,674,351	12,226,012	**24,900,364**
54	RADIOLOGY-DIAGNOSTIC	10,923,467	23,459,372	34,382,839	(1,575,019)	(2,846,839)	(58,905)	(517,469)	9,289,543	20,095,064	**29,384,607**
54.01	ULTRASOUND	2,817,226	8,738,081	11,555,307	(109,428)	(151,507)	(22,999)	(432,271)	2,684,799	8,154,303	**10,839,102**
54.03	CARDIOVASCULAR LAB	28,281,640	48,835,070	77,116,710	(15,335,918)	(23,789,240)	(15,683)	(254,524)	12,930,039	24,791,306	**37,721,345**
55	RADIOLOGY-THERAPEUTIC	373,383	21,055,589	21,428,972	56,261	(124,281)	-	(509,961)	429,644	20,421,347	**20,850,991**
55.01	CHEMOTHERAPY	32,478	8,689,876	8,722,354	(16,707)	(3,575,499)	-	(95,097)	15,771	5,019,280	**5,035,051**
56.01	NUCLEAR MEDICINE	1,476,352	15,585,945	17,062,297	(7,319)	942,055	(2,874)	(223,172)	1,466,159	16,304,828	**17,770,986**
57	CT SCAN	12,090,279	39,745,062	51,835,341	(595,971)	(1,776,577)	(90,270)	(713,233)	11,404,038	37,255,252	**48,659,290**
58	MRI	3,295,363	17,248,260	20,543,623	(53,126)	(114,203)	(32,805)	(732,112)	3,209,432	16,401,945	**19,611,377**
60	LABORATORY	38,349,893	48,466,629	86,816,522	454,492	(4,349)	(301,881)	(1,904,653)	38,502,504	46,557,627	**85,060,131**
62.3	BLOOD CLOTTING FOR HEMOPHILIACS	-	-	-	-	-	-	-	-	-	**-**
63	BLOOD STORING, PROCESSING & TRANS.	5,432,028	463,141	5,895,169	14,787	(5,283)	(54,779)	(8,665)	5,392,036	449,193	**5,841,229**
65	RESPIRATORY THERAPY	41,407,391	6,372,114	47,779,505	(11,845,702)	(1,265,518)	(175,902)	(49,482)	29,385,787	5,057,114	**34,442,901**
66	PHYSICAL THERAPY	6,938,664	392,876	7,331,540	-	(347)	(78,369)	(2,556)	6,860,295	389,973	**7,250,268**
66.01	SOUTHEAST OUTPATIENT REHAB	-	12,779,143	12,779,143	10,336	(11,766)	(336)	(545,215)	10,000	12,222,162	**12,232,162**
66.02	PHYSIATRY	-	-	-	-	-	-	-	-	-	**-**
67	OCCUPATIONAL THERAPY	2,366,880	113,133	2,480,013	-	-	(38,760)	(794)	2,328,120	112,339	**2,440,459**
68	SPEECH PATHOLOGY	1,654,942	140,204	1,795,146	-	-	(16,042)	(581)	1,638,900	139,623	**1,778,523**
69.01	CV DIAGNOSTIC	7,934,744	21,368,932	29,303,676	3,387	23,428	(249,361)	(548,895)	7,688,770	20,843,465	**28,532,235**
69.02	ELECTROPHYSIOLOGY LAB	-	-	-	-	-	-	-	-	-	**-**
70.01	NEUROPHYSIOLOGY	9,102,571	8,045,431	17,148,002	(281,302)	(31,404)	(145,348)	(321,727)	8,675,921	7,692,300	**16,368,221**
71	MEDICAL SUPPLIES CHARGED TO PATIENT	-	-	-	55,547,657	45,123,062	(466,441)	(964,411)	55,081,216	44,158,651	**99,239,866**
72	IMPL. DEV. CHARGED TO PATIENTS	-	-	-	51,035,672	32,132,962	(765,528)	(683,243)	50,270,144	31,449,719	**81,719,862**
73	DRUGS CHARGED TO PATIENTS	55,206,317	77,201,752	132,408,069	5,313,513	15,591,400	(616,883)	(1,838,477)	59,902,947	90,954,675	**150,857,622**
76	NOT USED	-	-	-	-	-	-	-	-	-	**-**
76.97	CARDIAC REHABILITATION	16,638	1,054,324	1,070,962	344	-	-	(33,090)	16,982	1,021,234	**1,038,216**
76.98	HYPERBARIC OXYGEN THERAPY	-	-	-	-	-	-	-	-	-	**-**
76.99	LITHOTRIPSY	-	-	-	-	-	-	-	-	-	**-**
	placeholder	-	-	-	-	-	-	-	-	-	**-**
88	RURAL HEALTH CLINIC	-	-	-	-	-	-	-	-	-	**-**
88.01	RURAL HEALTH CLINIC II	-	4,724,621	4,724,621	-	-	-	-	-	4,724,621	**4,724,621**
88.02	RURAL HEALTH CLINIC III	-	4,483,677	4,483,677	-	-	-	-	-	4,483,677	**4,483,677**
90.01	HYPERBARIC WOUND CLINIC	66,004	5,474,678	5,540,682	13,069	134,391	-	(878,551)	79,073	4,730,518	**4,809,591**
90.02	DIABETES CENTER	-	120,584	120,584	-	-	-	(5,827)	-	114,757	**114,757**
91	EMERGENCY	9,216,888	52,029,726	61,246,614	(1,572,792)	(4,427,708)	(62,661)	(13,714,234)	7,581,435	33,887,784	**41,469,219**
91.01	G.I. LABORATORY	1,449,830	8,887,318	10,337,148	(40,303)	(158,073)	(2,759)	(490,511)	1,406,768	8,238,734	**9,645,502**
92	OBSERVATION BEDS (NON-DISTINCT PART	-	-	-	4,440,273	10,051,688	(99,318)	(155,261)	4,340,955	9,896,427	**14,237,382**
	placeholder	-	-	-	-	-	-	-	-	-	**-**
101	HOME HEALTH AGENCY	-	1,305,836	1,305,836	-	-	-	-	-	1,305,836	**1,305,836**
	placeholder	-	-	-	-	-	-	-	-	-	**-**
113	INTEREST EXPENSE	-	-	-	-	-	-	-	-	-	**-**
116	HOSPICE	-	1,779,003	1,779,003	-	-	-	-	-	1,779,003	**1,779,003**
118	**Total W/S C Charges**	**440,864,681**	**598,682,766**	**1,039,547,447**	**(4,052,842)**	**7,653,968**	**(5,317,639)**	**(55,729,711)**	**431,494,200**	**550,607,023**	**982,101,222**

Client Name: ***Southeast Health***
Engagement: ***CR2017***
Period Ending: ***12/31/17***
Workpaper: ***C.01 - Patient Revenue Summary***

Purpose: To summarize the inpatient and outpatient revenues to be reported on Worksheet C.

		A	B	C	D	E	F	G	H	I	J
					Reclassifications		Adjustments				
CMS Line	CMS Description	Inpatient Revenue	Outpatient Revenue	Total Revenue	Inpatient Amount	Outpatient Amount	Inpatient Amount	Outpatient Amount	Adjusted Inpatient Revenue	Adjusted Outpatient Revenue	Adjusted Total Revenue
		G.6	G.6	*crossfoot*	C.02	C.02	C.03	C.03	A+D+F	B+E+G	H+I
	Excluded from Worksheet C (include for W/S G Schedules)	-	-	-	-	-	-	-	-	-	-
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-	-	-	-	-	-	-	-	-	-
191.01	RESPITE CARE	-	-	-	-	-	-	-	-	-	-
192	Physician PPO	-	3,601,126	3,601,126	-	(3,601,126)	-	-	-	-	-
193.01	VENDING MACHINES	-	-	-	-	-	-	-	-	-	-
193.02	SUNSET GUEST HOUSE	-	-	-	-	-	-	-	-	-	-
193.03	LACEYS RESTAURANT	-	-	-	-	-	-	-	-	-	-
193.04	COMMUNITY WELLNESS	-	-	-	-	-	-	-	-	-	-
193.05	HOME INFUSION	-	-	-	-	-	-	-	-	-	-
193.06	SE HOSP PHYSICIANS LLC	-	40,397,735	40,397,735	-	-	-	-	-	40,397,735	**40,397,735**
193.07	GENERATIONS	-	-	-	-	-	-	-	-	-	-
193.08	RETAIL PHARMACY	-	-	-	-	-	-	-	-	-	-
193.09	OUTREACH LAB	-	-	-	-	-	-	-	-	-	-
193.1	FOOT CLINIC	-	-	-	-	-	-	-	-	-	-
193.11	MARKETING	-	-	-	-	-	-	-	-	-	-
193.13	HEALTHPOINT	-	-	-	-	-	-	-	-	-	-
193.14	DOCTORS PARK	-	-	-	-	-	-	-	-	-	-
194	JAZZMANS RESTAURANT	-	-	-	-	-	-	-	-	-	-
194.01	FOUNDATION OFFICE	-	-	-	-	-	-	-	-	-	-
	Total	**440,864,681**	**642,681,627**	**1,083,546,308**	**(4,052,842)**	**4,052,842**	**(5,317,639)**	**(55,729,711)**	**431,494,200**	**591,004,758**	**1,022,498,957**
		Total B-1 col 9									

Total per Financial Statements:		1,083,546,308	G.2
Difference - Explain		-	
		0	
acct grouped in ca on cost report and patient revenue on audit		0	
Difference - Explain	*rounding*	0	

A&P	23,051,813	
less private		
R&B	0	S3.04
D-1 line 28	23,051,813	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/22/2018 3:53 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,288,191		29,288,191	0	29,288,191	30.00
33.01	03301	ADULT SPECIAL CARE	5,728,701		5,728,701	0	5,728,701	33.01
34.01	03401	CARDIOTHORACIC ICU	4,102,859		4,102,859	0	4,102,859	34.01
40.00	04000	SUBPROVIDER - IPF	2,108,965		2,108,965	0	2,108,965	40.00
41.00	04100	SUBPROVIDER - IRF	1,964,910		1,964,910	0	1,964,910	41.00
43.00	04300	NURSERY	1,395,077		1,395,077	0	1,395,077	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,939,241		16,939,241	0	16,939,241	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,990,806		2,990,806	0	2,990,806	52.00
53.00	05300	ANESTHESIOLOGY	2,061,773		2,061,773	0	2,061,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,178,058		6,178,058	0	6,178,058	54.00
54.01	05401	ULTRASOUND	1,218,585		1,218,585	0	1,218,585	54.01
54.03	05403	CARDIOVASCULAR LAB	5,683,439		5,683,439	0	5,683,439	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	6,235,726		6,235,726	0	6,235,726	55.00
55.01	05501	CHEMOTHERAPY	2,054,565		2,054,565	0	2,054,565	55.01
56.01	05601	NUCLEAR MEDICINE	1,960,190		1,960,190	0	1,960,190	56.01
57.00	05700	CT SCAN	2,828,743		2,828,743	0	2,828,743	57.00
58.00	05800	MRI	1,432,106		1,432,106	0	1,432,106	58.00
60.00	06000	LABORATORY	13,543,269		13,543,269	0	13,543,269	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,223,153		1,223,153	0	1,223,153	63.00
65.00	06500	RESPIRATORY THERAPY	4,307,112	0	4,307,112	0	4,307,112	65.00
66.00	06600	PHYSICAL THERAPY	1,522,946	0	1,522,946	0	1,522,946	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,365,018	0	3,365,018	0	3,365,018	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	453,370	0	453,370	0	453,370	67.00
68.00	06800	SPEECH PATHOLOGY	302,714	0	302,714	0	302,714	68.00
69.01	06901	CV DIAGNOSTIC	2,547,793		2,547,793	0	2,547,793	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,447,564		1,447,564	0	1,447,564	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,541,173		20,541,173	0	20,541,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,843,774		22,843,774	0	22,843,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,532,546		34,532,546	0	34,532,546	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	574,163		574,163	0	574,163	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	5,157,642		5,157,642	0	5,157,642	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,960,147		3,960,147	0	3,960,147	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	809,632		809,632	0	809,632	90.01
90.02	09002	DIABETES CENTER	518,243		518,243	0	518,243	90.02
91.00	09100	EMERGENCY	8,585,877		8,585,877	0	8,585,877	91.00
91.01	09101	G.I. LABORATORY	1,758,215		1,758,215	0	1,758,215	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,295,352		6,295,352		6,295,352	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,154,074		2,154,074		2,154,074	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,563,682		2,563,682		2,563,682	116.00
200.00		Subtotal (see instructions)	233,179,394	0	233,179,394	0	233,179,394	200.00
201.00		Less Observation Beds	6,295,352		6,295,352		6,295,352	201.00
202.00		Total (see instructions)	226,884,042	0	226,884,042	0	226,884,042	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/22/2018 3:53 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,051,813		23,051,813			30.00
33.01	03301	ADULT SPECIAL CARE	7,121,984		7,121,984			33.01
34.01	03401	CARDIOTHORACIC ICU	4,360,186		4,360,186			34.01
40.00	04000	SUBPROVIDER - IPF	2,337,918		2,337,918			40.00
41.00	04100	SUBPROVIDER - IRF	1,277,002		1,277,002			41.00
43.00	04300	NURSERY	2,026,045		2,026,045			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	52,620,781	59,598,377	112,219,158	0.150948	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,432,841	129,879	5,562,720	0.537652	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,674,351	12,226,012	24,900,363	0.082801	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,289,543	20,095,064	29,384,607	0.210248	0.000000	54.00
54.01	05401	ULTRASOUND	2,684,799	8,154,303	10,839,102	0.112425	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	12,930,039	24,791,306	37,721,345	0.150669	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	429,644	20,421,347	20,850,991	0.299061	0.000000	55.00
55.01	05501	CHEMOTHERAPY	15,771	5,019,280	5,035,051	0.408052	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	1,466,159	16,304,828	17,770,987	0.110303	0.000000	56.01
57.00	05700	CT SCAN	11,404,038	37,255,252	48,659,290	0.058134	0.000000	57.00
58.00	05800	MRI	3,209,432	16,401,945	19,611,377	0.073024	0.000000	58.00
60.00	06000	LABORATORY	38,502,504	46,557,627	85,060,131	0.159220	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,392,036	449,193	5,841,229	0.209400	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	29,385,787	5,057,114	34,442,901	0.125051	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,860,295	389,973	7,250,268	0.210054	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	10,000	12,222,162	12,232,162	0.275096	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,328,120	112,339	2,440,459	0.185772	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,638,900	139,623	1,778,523	0.170205	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,688,770	20,843,465	28,532,235	0.089295	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	8,675,921	7,692,300	16,368,221	0.088437	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,081,216	44,158,651	99,239,867	0.206985	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,270,144	31,449,719	81,719,863	0.279538	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,902,947	90,954,675	150,857,622	0.228908	0.000000	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	16,982	1,021,234	1,038,216	0.553028	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,724,621	4,724,621	1.091652	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	4,483,677	4,483,677	0.883236	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	79,073	4,730,518	4,809,591	0.168337	0.000000	90.01
90.02	09002	DIABETES CENTER	0	114,757	114,757	4.516003	0.000000	90.02
91.00	09100	EMERGENCY	7,581,435	33,887,784	41,469,219	0.207042	0.000000	91.00
91.01	09101	G.I. LABORATORY	1,406,768	8,238,734	9,645,502	0.182283	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,340,955	9,896,427	14,237,382	0.442171	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,305,836	1,305,836			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,779,003	1,779,003			116.00
200.00		Subtotal (see instructions)	431,494,199	550,607,025	982,101,224			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	431,494,199	550,607,025	982,101,224			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Hospital	Cost

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,910,993	0	3,910,993	36,707	106.55	30.00
33.01	ADULT SPECIAL CARE	636,705		636,705	3,579	177.90	33.01
34.01	CARDIOTHORACIC ICU	814,657		814,657	2,769	294.21	34.01
40.00	SUBPROVIDER - IPF	292,092	0	292,092	2,427	120.35	40.00
41.00	SUBPROVIDER - IRF	307,858	0	307,858	2,027	151.88	41.00
43.00	NURSERY	156,307		156,307	2,535	61.66	43.00
200.00	Total (lines 30 through 199)	6,118,612		6,118,612	50,044		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	16,558	1,764,255	30.00
33.01	ADULT SPECIAL CARE	1,842	327,692	33.01
34.01	CARDIOTHORACIC ICU	1,574	463,087	34.01
40.00	SUBPROVIDER - IPF	678	81,597	40.00
41.00	SUBPROVIDER - IRF	1,323	200,937	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	21,975	2,837,568	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,679,779	112,219,158	0.023880	29,993,462	716,244	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	413,734	5,562,720	0.074376	17,731	1,319	52.00
53.00	05300	ANESTHESIOLOGY	445,429	24,900,363	0.017888	6,867,099	122,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	848,946	29,384,607	0.028891	5,774,854	166,841	54.00
54.01	05401	ULTRASOUND	157,130	10,839,102	0.014497	1,591,147	23,067	54.01
54.03	05403	CARDIOVASCULAR LAB	1,036,134	37,721,345	0.027468	7,244,481	198,991	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,334,033	20,850,991	0.111939	135,372	15,153	55.00
55.01	05501	CHEMOTHERAPY	506,133	5,035,051	0.100522	10,357	1,041	55.01
56.01	05601	NUCLEAR MEDICINE	133,282	17,770,987	0.007500	904,224	6,782	56.01
57.00	05700	CT SCAN	590,299	48,659,290	0.012131	7,501,657	91,003	57.00
58.00	05800	MRI	363,043	19,611,377	0.018512	1,960,065	36,285	58.00
60.00	06000	LABORATORY	1,102,334	85,060,131	0.012959	22,216,671	287,906	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,408	5,841,229	0.008630	3,200,471	27,620	63.00
65.00	06500	RESPIRATORY THERAPY	462,497	34,442,901	0.013428	16,814,262	225,782	65.00
66.00	06600	PHYSICAL THERAPY	103,130	7,250,268	0.014224	3,504,842	49,853	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	421,259	12,232,162	0.034439	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	29,345	2,440,459	0.012024	688,868	8,283	67.00
68.00	06800	SPEECH PATHOLOGY	17,135	1,778,523	0.009634	830,788	8,004	68.00
69.01	06901	CV DIAGNOSTIC	177,271	28,532,235	0.006213	5,068,515	31,491	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	252,670	16,368,221	0.015437	4,937,688	76,223	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,055,271	99,239,867	0.010634	31,093,985	330,653	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	978,610	81,719,863	0.011975	30,040,070	359,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,771,628	150,857,622	0.011744	31,179,082	366,167	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	89,001	1,038,216	0.085725	2,239	192	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	525,682	4,724,621	0.111264	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	366,178	4,483,677	0.081669	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	65,901	4,809,591	0.013702	59,604	817	90.01
90.02	09002	DIABETES CENTER	117,438	114,757	1.023362	0	0	90.02
91.00	09100	EMERGENCY	1,079,389	41,469,219	0.026029	5,573,276	145,067	91.00
91.01	09101	G.I. LABORATORY	446,305	9,645,502	0.046271	983,125	45,490	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	840,650	14,237,382	0.059045	2,648,010	156,352	92.00
200.00		Total (lines 50 through 199)	19,460,044	938,841,437		220,841,945	3,499,195	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part III Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			Title XVIII			Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	996,456	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	16,050	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	63,779	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,705	0	0	0	41.00
43.00	04300	NURSERY	0	12,370	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	1,114,360	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	996,456	36,707	27.15	16,558	30.00
33.01	03301	ADULT SPECIAL CARE		0	3,579	0.00	1,842	33.01
34.01	03401	CARDIOTHORACIC ICU		16,050	2,769	5.80	1,574	34.01
40.00	04000	SUBPROVIDER - IPF	0	63,779	2,427	26.28	678	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,705	2,027	12.68	1,323	41.00
43.00	04300	NURSERY		12,370	2,535	4.88	0	43.00
200.00		Total (lines 30 through 199)		1,114,360	50,044		21,975	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	449,550	30.00
33.01	03301	ADULT SPECIAL CARE	0	33.01
34.01	03401	CARDIOTHORACIC ICU	9,129	34.01
40.00	04000	SUBPROVIDER - IPF	17,818	40.00
41.00	04100	SUBPROVIDER - IRF	16,776	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	493,273	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110

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

Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XVIII			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	41,776	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	79,468	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	110,916	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	38,859	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	106,423	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
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	229,671	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	36,928	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		214,180		0	92.00
200.00		Total (lines 50 through 199)	0	0	628,550	0	229,671	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110

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

Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII Hospital 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	41,776	41,776	112,219,158	0.000372	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	79,468	79,468	5,562,720	0.014286	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,900,363	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,916	110,916	29,384,607	0.003775	54.00
54.01	05401	ULTRASOUND	0	0	0	10,839,102	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0	38,859	38,859	37,721,345	0.001030	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,850,991	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	5,035,051	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	17,770,987	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	48,659,290	0.000000	57.00
58.00	05800	MRI	0	0	0	19,611,377	0.000000	58.00
60.00	06000	LABORATORY	0	106,423	106,423	85,060,131	0.001251	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,841,229	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,442,901	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,250,268	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	12,232,162	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,440,459	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,778,523	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	28,532,235	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	16,368,221	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	99,239,867	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	81,719,863	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	229,671	229,671	150,857,622	0.001522	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,038,216	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	4,724,621	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	4,483,677	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	4,809,591	0.000000	90.01
90.02	09002	DIABETES CENTER	0	0	0	114,757	0.000000	90.02
91.00	09100	EMERGENCY	0	36,928	36,928	41,469,219	0.000890	91.00
91.01	09101	G.I. LABORATORY	0	0	0	9,645,502	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	214,180	214,180	14,237,382	0.015043	92.00
200.00		Total (lines 50 through 199)	0	858,221	858,221	938,841,437		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0110

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

Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:53 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS 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	0.000372	29,993,462	11,158	18,632,836	6,931	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.014286	17,731	253	6,256	89	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,867,099	0	3,314,917	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003775	5,774,854	21,800	6,726,101	25,391	54.00
54.01	05401	ULTRASOUND	0.000000	1,591,147	0	2,332,171	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.001030	7,244,481	7,462	11,557,937	11,905	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	135,372	0	9,132,977	0	55.00
55.01	05501	CHEMOTHERAPY	0.000000	10,357	0	2,290,799	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.000000	904,224	0	6,612,514	0	56.01
57.00	05700	CT SCAN	0.000000	7,501,657	0	15,628,676	0	57.00
58.00	05800	MRI	0.000000	1,960,065	0	6,459,090	0	58.00
60.00	06000	LABORATORY	0.001251	22,216,671	27,793	11,209,086	14,023	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	3,200,471	0	194,331	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	16,814,262	0	1,380,273	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,504,842	0	5,512	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000	0	0	183,190	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	688,868	0	2,502	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	830,788	0	1,950	0	68.00
69.01	06901	CV DIAGNOSTIC	0.000000	5,068,515	0	9,792,773	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.000000	4,937,688	0	2,301,499	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	31,093,985	0	16,353,928	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	30,040,070	0	16,662,695	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001522	31,179,082	47,455	40,217,526	61,211	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	2,239	0	522,599	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.000000	59,604	0	2,166,609	0	90.01
90.02	09002	DIABETES CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000890	5,573,276	4,960	7,028,159	6,255	91.00
91.01	09101	G.I. LABORATORY	0.000000	983,125	0	2,805,937	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.015043	2,648,010	39,834	2,992,585	45,017	92.00
200.00		Total (lines 50 through 199)		220,841,945	160,715	196,515,428	170,822	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.150948	18,632,836	0	0	2,812,589	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	6,256	0	0	3,364	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	3,314,917	0	0	274,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	6,726,101	0	0	1,414,149	54.00
54.01	05401	ULTRASOUND	0.112425	2,332,171	0	0	262,194	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	11,557,937	0	0	1,741,423	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	9,132,977	0	0	2,731,317	55.00
55.01	05501	CHEMOTHERAPY	0.408052	2,290,799	0	0	934,765	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	6,612,514	0	0	729,380	56.01
57.00	05700	CT SCAN	0.058134	15,628,676	0	0	908,557	57.00
58.00	05800	MRI	0.073024	6,459,090	0	0	471,669	58.00
60.00	06000	LABORATORY	0.159220	11,209,086	0	0	1,784,711	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	194,331	0	0	40,693	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	1,380,273	0	0	172,605	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	5,512	0	0	1,158	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	183,190	0	0	50,395	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	2,502	0	0	465	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	1,950	0	0	332	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	9,792,773	0	0	874,446	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	2,301,499	0	0	203,538	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	16,353,928	0	0	3,385,018	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	16,662,695	0	0	4,657,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	40,217,526	461	139,566	9,206,113	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	522,599	0	0	289,012	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000				0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	2,166,609	0	0	364,720	90.01
90.02	09002	DIABETES CENTER	4.516003	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.207042	7,028,159	0	0	1,455,124	91.00
91.01	09101	G.I. LABORATORY	0.182283	2,805,937	0	0	511,475	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	2,992,585	0	0	1,323,234	92.00
200.00		Subtotal (see instructions)		196,515,428	461	139,566	36,604,780	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		196,515,428	461	139,566	36,604,780	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106	31,948		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0		90.01
90.02	09002	DIABETES CENTER	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	106	31,948		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	106	31,948		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

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

Worksheet D Part II
Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,679,779	112,219,158	0.023880	6,178	148	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	413,734	5,562,720	0.074376	0	0	52.00
53.00	05300	ANESTHESIOLOGY	445,429	24,900,363	0.017888	1,442	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	848,946	29,384,607	0.028891	12,099	350	54.00
54.01	05401	ULTRASOUND	157,130	10,839,102	0.014497	7,313	106	54.01
54.03	05403	CARDIOVASCULAR LAB	1,036,134	37,721,345	0.027468	57	2	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,334,033	20,850,991	0.111939	2	0	55.00
55.01	05501	CHEMOTHERAPY	506,133	5,035,051	0.100522	4	0	55.01
56.01	05601	NUCLEAR MEDICINE	133,282	17,770,987	0.007500	0	0	56.01
57.00	05700	CT SCAN	590,299	48,659,290	0.012131	22,206	269	57.00
58.00	05800	MRI	363,043	19,611,377	0.018512	0	0	58.00
60.00	06000	LABORATORY	1,102,334	85,060,131	0.012959	279,568	3,623	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,408	5,841,229	0.008630	1,040	9	63.00
65.00	06500	RESPIRATORY THERAPY	462,497	34,442,901	0.013428	90,374	1,214	65.00
66.00	06600	PHYSICAL THERAPY	103,130	7,250,268	0.014224	5,623	80	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	421,259	12,232,162	0.034439	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	29,345	2,440,459	0.012024	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,135	1,778,523	0.009634	0	0	68.00
69.01	06901	CV DIAGNOSTIC	177,271	28,532,235	0.006213	33,906	211	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	252,670	16,368,221	0.015437	812	13	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,055,271	99,239,867	0.010634	9,472	101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	978,610	81,719,863	0.011975	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,771,628	150,857,622	0.011744	115,582	1,357	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	89,001	1,038,216	0.085725	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	525,682	4,724,621	0.111264	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	366,178	4,483,677	0.081669	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	65,901	4,809,591	0.013702	39	1	90.01
90.02	09002	DIABETES CENTER	117,438	114,757	1.023362	0	0	90.02
91.00	09100	EMERGENCY	1,079,389	41,469,219	0.026029	186,612	4,857	91.00
91.01	09101	G.I. LABORATORY	446,305	9,645,502	0.046271	1	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,237,382	0.000000	21,423	0	92.00
200.00		Total (lines 50 through 199)	18,619,394	938,841,437		793,753	12,367	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV
Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	41,776	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	79,468	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	110,916	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	38,859	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	106,423	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
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	229,671	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	36,928	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	414,370	0	229,671	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:53 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	41,776	41,776	112,219,158	0.000372	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	79,468	79,468	5,562,720	0.014286	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,900,363	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,916	110,916	29,384,607	0.003775	54.00
54.01	05401	ULTRASOUND	0	0	0	10,839,102	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0	38,859	38,859	37,721,345	0.001030	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,850,991	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	5,035,051	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	17,770,987	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	48,659,290	0.000000	57.00
58.00	05800	MRI	0	0	0	19,611,377	0.000000	58.00
60.00	06000	LABORATORY	0	106,423	106,423	85,060,131	0.001251	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,841,229	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,442,901	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,250,268	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	12,232,162	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,440,459	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,778,523	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	28,532,235	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	16,368,221	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	99,239,867	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	81,719,863	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	229,671	229,671	150,857,622	0.001522	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,038,216	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	4,724,621	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	4,483,677	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	4,809,591	0.000000	90.01
90.02	09002	DIABETES CENTER	0	0	0	114,757	0.000000	90.02
91.00	09100	EMERGENCY	0	36,928	36,928	41,469,219	0.000890	91.00
91.01	09101	G.I. LABORATORY	0	0	0	9,645,502	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,237,382	0.000000	92.00
200.00		Total (lines 50 through 199)	0	644,041	644,041	938,841,437		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:53 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	0.000372	6,178	2	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.014286	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,442	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003775	12,099	46	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	7,313	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.001030	57	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.000000	4	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.000000	0	0	0	0	56.01
57.00	05700	CT SCAN	0.000000	22,206	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.001251	279,568	350	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,040	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	90,374	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,623	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.000000	33,906	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.000000	812	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	9,472	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	0.001522	115,582	176	0	0	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.000000	39	0	0	0	90.01
90.02	09002	DIABETES CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000890	186,612	166	0	0	91.00
91.01	09101	G.I. LABORATORY	0.000000	1	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	21,423	0	0	0	92.00
200.00		Total (lines 50 through 199)		793,753	740	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

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

Worksheet D
Part II
Date/Time Prepared:
5/22/2018 3:53 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,679,779	112,219,158	0.023880	6,847	164	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	413,734	5,562,720	0.074376	0	0	52.00
53.00	05300	ANESTHESIOLOGY	445,429	24,900,363	0.017888	3,268	58	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	848,946	29,384,607	0.028891	24,762	715	54.00
54.01	05401	ULTRASOUND	157,130	10,839,102	0.014497	12,123	176	54.01
54.03	05403	CARDIOVASCULAR LAB	1,036,134	37,721,345	0.027468	69,341	1,905	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,334,033	20,850,991	0.111939	25	3	55.00
55.01	05501	CHEMOTHERAPY	506,133	5,035,051	0.100522	54	5	55.01
56.01	05601	NUCLEAR MEDICINE	133,282	17,770,987	0.007500	0	0	56.01
57.00	05700	CT SCAN	590,299	48,659,290	0.012131	28,523	346	57.00
58.00	05800	MRI	363,043	19,611,377	0.018512	11,190	207	58.00
60.00	06000	LABORATORY	1,102,334	85,060,131	0.012959	194,932	2,526	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,408	5,841,229	0.008630	11,221	97	63.00
65.00	06500	RESPIRATORY THERAPY	462,497	34,442,901	0.013428	162,095	2,177	65.00
66.00	06600	PHYSICAL THERAPY	103,130	7,250,268	0.014224	918,782	13,069	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	421,259	12,232,162	0.034439	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	29,345	2,440,459	0.012024	821,922	9,883	67.00
68.00	06800	SPEECH PATHOLOGY	17,135	1,778,523	0.009634	317,349	3,057	68.00
69.01	06901	CV DIAGNOSTIC	177,271	28,532,235	0.006213	17,302	107	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	252,670	16,368,221	0.015437	867	13	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,055,271	99,239,867	0.010634	140,255	1,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	978,610	81,719,863	0.011975	38,235	458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,771,628	150,857,622	0.011744	274,486	3,224	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	89,001	1,038,216	0.085725	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	525,682	4,724,621	0.111264	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	366,178	4,483,677	0.081669	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	65,901	4,809,591	0.013702	491	7	90.01
90.02	09002	DIABETES CENTER	117,438	114,757	1.023362	0	0	90.02
91.00	09100	EMERGENCY	1,079,389	41,469,219	0.026029	12	0	91.00
91.01	09101	G.I. LABORATORY	446,305	9,645,502	0.046271	18	1	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,237,382	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	18,619,394	938,841,437		3,054,100	39,689	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

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

Worksheet D Part IV
Date/Time Prepared: 5/22/2018 3:53 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	41,776	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	79,468	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	110,916	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	38,859	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	106,423	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
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	229,671	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	36,928	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	414,370	0	229,671	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:53 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	41,776	41,776	112,219,158	0.000372	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	79,468	79,468	5,562,720	0.014286	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	24,900,363	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,916	110,916	29,384,607	0.003775	54.00
54.01	05401	ULTRASOUND	0	0	0	10,839,102	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0	38,859	38,859	37,721,345	0.001030	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,850,991	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	5,035,051	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	17,770,987	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	48,659,290	0.000000	57.00
58.00	05800	MRI	0	0	0	19,611,377	0.000000	58.00
60.00	06000	LABORATORY	0	106,423	106,423	85,060,131	0.001251	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,841,229	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,442,901	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,250,268	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	12,232,162	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,440,459	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,778,523	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	28,532,235	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	16,368,221	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	99,239,867	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	81,719,863	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	229,671	229,671	150,857,622	0.001522	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,038,216	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	4,724,621	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	4,483,677	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	4,809,591	0.000000	90.01
90.02	09002	DIABETES CENTER	0	0	0	114,757	0.000000	90.02
91.00	09100	EMERGENCY	0	36,928	36,928	41,469,219	0.000890	91.00
91.01	09101	G.I. LABORATORY	0	0	0	9,645,502	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,237,382	0.000000	92.00
200.00		Total (lines 50 through 199)	0	644,041	644,041	938,841,437		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/22/2018 3:53 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	0.000372	6,847	3	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.014286	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,268	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003775	24,762	93	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	12,123	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.001030	69,341	71	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	25	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.000000	54	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.000000	0	0	0	0	56.01
57.00	05700	CT SCAN	0.000000	28,523	0	0	0	57.00
58.00	05800	MRI	0.000000	11,190	0	0	0	58.00
60.00	06000	LABORATORY	0.001251	194,932	244	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	11,221	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	162,095	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	918,782	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	821,922	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	317,349	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.000000	17,302	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.000000	867	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	140,255	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	38,235	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001522	274,486	418	0	0	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.000000	491	0	0	0	90.01
90.02	09002	DIABETES CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000890	12	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0.000000	18	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		3,054,100	829	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/22/2018 3:53 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.150948	0	5,465,004	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	0	97,371	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	0	1,305,101	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	0	1,309,413	0	0	54.00
54.01	05401	ULTRASOUND	0.112425	0	874,643	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	0	1,571,372	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	0	1,465,863	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.408052	0	339,398	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	0	750,531	0	0	56.01
57.00	05700	CT SCAN	0.058134	0	3,163,184	0	0	57.00
58.00	05800	MRI	0.073024	0	1,024,562	0	0	58.00
60.00	06000	LABORATORY	0.159220	0	6,043,629	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	0	44,606	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	0	712,785	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	0	7,816	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	0	760,876	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	0	20,934	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	0	32,376	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	0	1,305,129	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	0	794,448	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	0	3,004,427	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	0	3,088,978	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	0	5,682,946	0	0	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	0	49,526	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.091652				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.883236				0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	0	361,326	0	0	90.01
90.02	09002	DIABETES CENTER	4.516003	0	13,734	0	0	90.02
91.00	09100	EMERGENCY	0.207042	0	5,813,066	0	0	91.00
91.01	09101	G.I. LABORATORY	0.182283	0	504,719	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	0	1,224,572	0	0	92.00
200.00		Subtotal (see instructions)		0	46,832,335	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	46,832,335	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/22/2018 3:53 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	824,931	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,352	0		52.00
53.00	05300	ANESTHESIOLOGY	108,064	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,301	0		54.00
54.01	05401	ULTRASOUND	98,332	0		54.01
54.03	05403	CARDIOVASCULAR LAB	236,757	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	438,382	0		55.00
55.01	05501	CHEMOTHERAPY	138,492	0		55.01
56.01	05601	NUCLEAR MEDICINE	82,786	0		56.01
57.00	05700	CT SCAN	183,889	0		57.00
58.00	05800	MRI	74,818	0		58.00
60.00	06000	LABORATORY	962,267	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,340	0		63.00
65.00	06500	RESPIRATORY THERAPY	89,134	0		65.00
66.00	06600	PHYSICAL THERAPY	1,642	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	209,314	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	3,889	0		67.00
68.00	06800	SPEECH PATHOLOGY	5,511	0		68.00
69.01	06901	CV DIAGNOSTIC	116,541	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	70,259	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	621,871	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	863,487	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,300,872	0		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	27,389	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	60,825	0		90.01
90.02	09002	DIABETES CENTER	62,023	0		90.02
91.00	09100	EMERGENCY	1,203,549	0		91.00
91.01	09101	G.I. LABORATORY	92,002	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	541,470	0		92.00
200.00		Subtotal (see instructions)	8,755,489	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	8,755,489	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	36,707	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	36,707	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,817	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	16,558	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)	29,288,191	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)	29,288,191	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)	29,288,191	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)	797.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,211,463	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)	13,211,463	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	5,728,701	3,579	1,600.64	1,842	2,948,379	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	4,102,859	2,769	1,481.71	1,574	2,332,212	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	41,004,557	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	59,496,611	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,013,713	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,659,910	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,673,623	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	52,822,988	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)	7,890	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	797.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,295,352	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,910,993	29,288,191	0.133535	6,295,352	840,650	90.00
91.00	Nursing School cost	996,456	29,288,191	0.034022	6,295,352	214,180	91.00
92.00	Allied health cost	0	29,288,191	0.000000	6,295,352	0	92.00
93.00	All other Medical Education	0	29,288,191	0.000000	6,295,352	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 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)	2,427	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,427	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)	2,427	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)	678	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)	2,108,965	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)	2,108,965	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)	2,108,965	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)	868.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	589,155	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)	589,155	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	142,570	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	731,725	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)	99,415	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	13,107	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	112,522	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	619,203	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 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	292,092	2,108,965	0.138500	0	0	90.00
91.00	Nursing School cost	63,779	2,108,965	0.030242	0	0	91.00
92.00	Allied health cost	0	2,108,965	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,108,965	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,027	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,027	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)	2,027	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)	1,323	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,964,910	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,964,910	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,964,910	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)	969.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,282,477	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)	1,282,477	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	578,442	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,860,919	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)	217,713	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	40,518	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	258,231	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,602,688	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 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	307,858	1,964,910	0.156678	0	0	90.00
91.00	Nursing School cost	25,705	1,964,910	0.013082	0	0	91.00
92.00	Allied health cost	0	1,964,910	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,964,910	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	36,707	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	36,707	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,817	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,476	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,535	15.00
16.00	Nursery days (title V or XIX only)	540	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)	29,288,191	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)	29,288,191	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)	29,288,191	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)	797.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,975,576	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)	1,975,576	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			Title XIX		Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,395,077	2,535	550.33	540	297,178	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	5,728,701	3,579	1,600.64	583	933,173	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	4,102,859	2,769	1,481.71	141	208,921	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,802,022	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,216,870	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)	7,890	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	797.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,295,352	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Hospital	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,910,993	29,288,191	0.133535	6,295,352	840,650	90.00
91.00	Nursing School cost	0	29,288,191	0.000000	6,295,352	0	91.00
92.00	Allied health cost	0	29,288,191	0.000000	6,295,352	0	92.00
93.00	All other Medical Education	0	29,288,191	0.000000	6,295,352	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 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)	2,427	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,427	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)	2,427	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)	608	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,535	15.00
16.00	Nursery days (title V or XIX only)	540	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)	2,108,965	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)	2,108,965	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)	2,108,965	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)	868.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	528,328	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)	528,328	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	36,242	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	564,570	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 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	292,092	2,108,965	0.138500	0	0	90.00
91.00	Nursing School cost	0	2,108,965	0.000000	0	0	91.00
92.00	Allied health cost	0	2,108,965	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,108,965	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,027	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,027	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)	2,027	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)	152	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,535	15.00
16.00	Nursery days (title V or XIX only)	540	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,964,910	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,964,910	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,964,910	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)	969.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	147,344	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)	147,344	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	69,796	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	217,140	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/22/2018 3:53 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	307,858	1,964,910	0.156678	0	0	90.00
91.00	Nursing School cost	0	1,964,910	0.000000	0	0	91.00
92.00	Allied health cost	0	1,964,910	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,964,910	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		12,820,056		30.00
33.01	03301	ADULT SPECIAL CARE		3,549,693		33.01
34.01	03401	CARDIOTHORACIC ICU		2,301,670		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.150948	29,993,462	4,527,453	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	17,731	9,533	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	6,867,099	568,603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	5,774,854	1,214,152	54.00
54.01	05401	ULTRASOUND	0.112425	1,591,147	178,885	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	7,244,481	1,091,519	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	135,372	40,484	55.00
55.01	05501	CHEMOTHERAPY	0.408052	10,357	4,226	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	904,224	99,739	56.01
57.00	05700	CT SCAN	0.058134	7,501,657	436,101	57.00
58.00	05800	MRI	0.073024	1,960,065	143,132	58.00
60.00	06000	LABORATORY	0.159220	22,216,671	3,537,338	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	3,200,471	670,179	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	16,814,262	2,102,640	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	3,504,842	736,206	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	688,868	127,972	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	830,788	141,404	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	5,068,515	452,593	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	4,937,688	436,674	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	31,093,985	6,435,988	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	30,040,070	8,397,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	31,179,082	7,137,141	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	2,239	1,238	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	59,604	10,034	90.01
90.02	09002	DIABETES CENTER	4.516003	0	0	90.02
91.00	09100	EMERGENCY	0.207042	5,573,276	1,153,902	91.00
91.01	09101	G.I. LABORATORY	0.182283	983,125	179,207	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	2,648,010	1,170,873	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		220,841,945	41,004,557	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)		220,841,945		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		647,771		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	0.150948	6,178	933	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	1,442	119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	12,099	2,544	54.00
54.01	05401	ULTRASOUND	0.112425	7,313	822	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	57	9	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	2	1	55.00
55.01	05501	CHEMOTHERAPY	0.408052	4	2	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	0	0	56.01
57.00	05700	CT SCAN	0.058134	22,206	1,291	57.00
58.00	05800	MRI	0.073024	0	0	58.00
60.00	06000	LABORATORY	0.159220	279,568	44,513	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	1,040	218	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	90,374	11,301	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	5,623	1,181	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	33,906	3,028	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	812	72	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	9,472	1,961	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	115,582	26,458	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	39	7	90.01
90.02	09002	DIABETES CENTER	4.516003	0	0	90.02
91.00	09100	EMERGENCY	0.207042	186,612	38,637	91.00
91.01	09101	G.I. LABORATORY	0.182283	1	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	21,423	9,473	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		793,753	142,570	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)		793,753		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		862,681		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.150948	6,847	1,034	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	3,268	271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	24,762	5,206	54.00
54.01	05401	ULTRASOUND	0.112425	12,123	1,363	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	69,341	10,448	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	25	7	55.00
55.01	05501	CHEMOTHERAPY	0.408052	54	22	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	0	0	56.01
57.00	05700	CT SCAN	0.058134	28,523	1,658	57.00
58.00	05800	MRI	0.073024	11,190	817	58.00
60.00	06000	LABORATORY	0.159220	194,932	31,037	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	11,221	2,350	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	162,095	20,270	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	918,782	192,994	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	821,922	152,690	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	317,349	54,014	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	17,302	1,545	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	867	77	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	140,255	29,031	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	38,235	10,688	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	274,486	62,832	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	491	83	90.01
90.02	09002	DIABETES CENTER	4.516003	0	0	90.02
91.00	09100	EMERGENCY	0.207042	12	2	91.00
91.01	09101	G.I. LABORATORY	0.182283	18	3	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,054,100	578,442	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		3,054,100		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/22/2018 3:53 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,960,712		30.00
33.01	03301	ADULT SPECIAL CARE		940,765		33.01
34.01	03401	CARDIOTHORACIC ICU		209,603		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		521,511		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.150948	1,616,191	243,961	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	662,562	356,228	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	466,110	38,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	470,655	98,954	54.00
54.01	05401	ULTRASOUND	0.112425	90,894	10,219	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	414,864	62,507	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	99,417	29,732	55.00
55.01	05501	CHEMOTHERAPY	0.408052	343	140	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	62,000	6,839	56.01
57.00	05700	CT SCAN	0.058134	374,614	21,778	57.00
58.00	05800	MRI	0.073024	151,552	11,067	58.00
60.00	06000	LABORATORY	0.159220	2,665,654	424,425	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	331,849	69,489	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	2,812,308	351,682	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	442,565	92,963	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	6,996	1,925	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	149,751	27,820	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	102,789	17,495	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	371,105	33,138	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	286,216	25,312	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	2,635,081	545,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	768,396	214,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	4,819,672	1,103,261	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	82	45	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.091652	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.883236	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	1,696	285	90.01
90.02	09002	DIABETES CENTER	4.516003	0	0	90.02
91.00	09100	EMERGENCY	0.207042	7,141	1,478	91.00
91.01	09101	G.I. LABORATORY	0.182283	68,396	12,467	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		19,878,899	3,802,022	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)		19,878,899		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

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

Worksheet D-3
Date/Time Prepared:
5/22/2018 3:53 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		586,007		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.150948	394	59	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	5,081	1,068	54.00
54.01	05401	ULTRASOUND	0.112425	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	58	9	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	2	1	55.00
55.01	05501	CHEMOTHERAPY	0.408052	7	3	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	254	28	56.01
57.00	05700	CT SCAN	0.058134	3,643	212	57.00
58.00	05800	MRI	0.073024	8,392	613	58.00
60.00	06000	LABORATORY	0.159220	55,338	8,811	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	323	68	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	35,888	4,488	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	1,787	375	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	10	3	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	315	59	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	159	14	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	10,771	2,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	79,423	18,181	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	1	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.091652	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.883236	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	39	7	90.01
90.02	09002	DIABETES CENTER	4.516003	0	0	90.02
91.00	09100	EMERGENCY	0.207042	62	13	91.00
91.01	09101	G.I. LABORATORY	0.182283	1	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		201,948	36,242	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)		201,948		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Subprovider - IRF	Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		103,777		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.150948	100	15	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.537652	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.082801	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210248	3,276	689	54.00
54.01	05401	ULTRASOUND	0.112425	1,815	204	54.01
54.03	05403	CARDIOVASCULAR LAB	0.150669	36	5	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299061	3	1	55.00
55.01	05501	CHEMOTHERAPY	0.408052	7	3	55.01
56.01	05601	NUCLEAR MEDICINE	0.110303	178	20	56.01
57.00	05700	CT SCAN	0.058134	91	5	57.00
58.00	05800	MRI	0.073024	3	0	58.00
60.00	06000	LABORATORY	0.159220	10,790	1,718	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.209400	40	8	63.00
65.00	06500	RESPIRATORY THERAPY	0.125051	25,500	3,189	65.00
66.00	06600	PHYSICAL THERAPY	0.210054	102,645	21,561	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.275096	2,228	613	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.185772	92,648	17,211	67.00
68.00	06800	SPEECH PATHOLOGY	0.170205	35,965	6,121	68.00
69.01	06901	CV DIAGNOSTIC	0.089295	614	55	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.088437	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.206985	44,806	9,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279538	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228908	38,839	8,891	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553028	1	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.091652	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.883236	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.168337	68	11	90.01
90.02	09002	DIABETES CENTER	4.516003	0	0	90.02
91.00	09100	EMERGENCY	0.207042	968	200	91.00
91.01	09101	G.I. LABORATORY	0.182283	3	1	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.442171	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		360,624	69,796	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)		360,624		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	29,776,785	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	8,994,781	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)	3,258,282	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	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	174.38	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)	7.91	30.00
31.00	Percentage of Medicaid patient days (see instructions)	16.22	31.00
32.00	Sum of lines 30 and 31	24.13	32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.12	33.00
34.00	Disproportionate share adjustment (see instructions)	883,992	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/22/2018 3:53 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	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000224856	0.000331775	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,344,073	2,245,018	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,005,293	565,868	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,571,161		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	44,485,001		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)	44,485,001	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,081,915	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	244,820	53.00
54.00	Special add-on payments for new technologies	45,780	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	458,679	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	160,715	58.00
59.00	Total (sum of amounts on lines 49 through 58)	49,476,910	59.00
60.00	Primary payer payments	34,820	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	49,442,090	61.00
62.00	Deductibles billed to program beneficiaries	3,859,475	62.00
63.00	Coinsurance billed to program beneficiaries	142,786	63.00
64.00	Allowable bad debts (see instructions)	825,676	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	536,689	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	674,847	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	45,976,518	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	-242,859	70.93
70.94	HRR adjustment amount (see instructions)	-288,697	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/22/2018 3:53 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)		370,063	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,074,899	71.00
71.01	Sequestration adjustment (see instructions)		901,498	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		46,207,021	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)		-2,033,620	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	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
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	29,776,785	0	29,776,785		29,776,785	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,994,781	0		8,994,781	8,994,781	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	3,258,282	0	2,739,305	518,977	3,258,282	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	0	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	0.0912	0.0912	0.0912	0.0912		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	883,992	0	678,911	205,081	883,992	11.00
11.01	Uncompensated care payments	36.00	1,571,161	0	1,005,293	565,868	1,571,161	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	44,485,001	0	34,200,294	10,284,707	44,485,001	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	44,485,001	0	34,200,294	10,284,707	44,485,001	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,915	0	3,215,153	866,762	4,081,915	16.00
17.00	Special add-on payments for new technologies	54.00	45,780	0	19,679	26,102	45,781	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/22/2018 3:53 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	37,435,126	11,177,571	48,612,697	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	3,089,499	0	2,368,554	720,945	3,089,499	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	837,632	0	727,934	109,698	837,632	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	0.0501	0.0501	0.0501	0.0501		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	154,784	0	118,665	36,119	154,784	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,915	0	3,215,153	866,762	4,081,915	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0110

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

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2018 3:53 pm

			Title XVIII		Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	29,776,785	29,776,785		29,776,785	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,994,781		8,994,781	8,994,781	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	3,258,282	2,739,305	518,977	3,258,282	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	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		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	0.0912	0.0912	0.0912		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	883,992	678,911	205,081	883,992	11.00
11.01	Uncompensated care payments	36.00	1,571,161	1,005,293	565,868	1,571,161	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	44,485,001	34,200,294	10,284,707	44,485,001	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	44,485,001	34,200,294	10,284,707	44,485,001	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,915	3,215,153	866,762	4,081,915	16.00
17.00	Special add-on payments for new technologies	54.00	45,780	19,679	26,101	45,780	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			37,435,126	11,177,570	48,612,696	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2018 3:53 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	3,089,499	2,368,554	720,945	3,089,499	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	837,632	727,934	109,698	837,632	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	0.0501	0.0501	0.0501		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	154,784	118,665	36,119	154,784	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,915	3,215,153	866,762	4,081,915	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	-242,859	-202,395	-40,464	-242,859	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	-288,697	-226,453	-62,244	-288,697	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		370,063	0	370,063	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	32,054	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	36,433,958	2.00
3.00	OPPS payments	31,482,227	3.00
4.00	Outlier payment (see instructions)	280,396	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	170,822	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	32,054	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	140,027	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)	140,027	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	140,027	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	107,973	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)	32,054	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)	31,933,445	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)	5,682,888	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)	26,282,611	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)	26,282,611	30.00
31.00	Primary payer payments	15,538	31.00
32.00	Subtotal (line 30 minus line 31)	26,267,073	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)	340,184	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	221,120	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	196,135	36.00
37.00	Subtotal (see instructions)	26,488,193	37.00
38.00	MSP-LCC reconciliation amount from PS&R	111	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)	26,488,082	40.00
40.01	Sequestration adjustment (see instructions)	529,762	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	25,872,961	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	85,359	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/22/2018 3:53 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		44,534,621		25,872,961	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	09/29/2017	221,000		0	3.01
3.02		09/29/2017	1,451,400		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)		1,672,400		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		46,207,021		25,872,961	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		85,359	6.01
6.02	SETTLEMENT TO PROGRAM		2,033,620		0	6.02
7.00	Total Medicare program liability (see instructions)		44,173,401		25,958,320	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/22/2018 3:53 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		390,654		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		390,654		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		28,766		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		419,420		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/22/2018 3:53 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		1,975,798		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,975,798		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		42,105		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,017,903		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/22/2018 3:53 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: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/22/2018 3:53 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)	541,065	1.00
2.00	Net IPF PPS Outlier Payments	2,099	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	6.649315	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	543,164	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	543,164	16.00
17.00	Primary payer payments	2,019	17.00
18.00	Subtotal (line 16 less line 17).	541,145	18.00
19.00	Deductibles	141,445	19.00
20.00	Subtotal (line 18 minus line 19)	399,700	20.00
21.00	Coinsurance	987	21.00
22.00	Subtotal (line 20 minus line 21)	398,713	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	16,476	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	10,709	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)	409,422	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)	18,558	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)	427,980	31.00
31.01	Sequestration adjustment (see instructions)	8,560	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	390,654	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)	28,766	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	2,099	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,909,394	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0597	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	85,541	3.00
4.00	Outlier Payments	62,337	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	5.553425	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	2,057,272	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,057,272	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,057,272	19.00
20.00	Deductibles	2,632	20.00
21.00	Subtotal (line 19 minus line 20)	2,054,640	21.00
22.00	Coinsurance	13,160	22.00
23.00	Subtotal (line 21 minus line 22)	2,041,480	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,041,480	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)	17,605	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,059,085	32.00
32.01	Sequestration adjustment (see instructions)	41,182	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	1,975,798	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)	42,105	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	62,337	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	7,216,870		1.00
2.00	Medical and other services		8,755,489	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	7,216,870	8,755,489	4.00
5.00	Inpatient primary payer payments	3,342,442		5.00
6.00	Outpatient primary payer payments		7,955,770	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,874,428	799,719	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	19,878,899	46,832,335	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)	19,878,899	46,832,335	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)	19,878,899	46,832,335	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	12,662,029	38,076,846	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	7,216,870	8,755,489	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	7,216,870	8,755,489	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)	3,874,428	799,719	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,874,428	799,719	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,874,428	799,719	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)	3,874,428	799,719	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	3,874,428	799,719	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	564,570		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)	564,570	0	4.00
5.00	Inpatient primary payer payments	547,534		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	17,036	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	201,948	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)	201,948	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)	201,948	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)	362,622	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)	201,948	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	201,948	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	362,622	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	-345,586	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	-345,586	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	-345,586	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	-345,586	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-345,586	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2018 3:53 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	217,140		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)	217,140	0	4.00
5.00	Inpatient primary payer payments	132,823		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	84,317	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	360,624	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)	360,624	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)	360,624	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	143,484	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	217,140	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	217,140	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	84,317	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	84,317	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	84,317	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	84,317	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	84,317	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 26-0110

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

Worksheet G

Date/Time Prepared: 5/22/2018 3:53 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	33,243,890	0	0	0	1.00
2.00	Temporary investments	4,351,303	0	0	0	2.00
3.00	Notes receivable	52,413,008	0	0	0	3.00
4.00	Accounts receivable	214,379,077	0	0	0	4.00
5.00	Other receivable	1,491,166	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-177,733,183	0	0	0	6.00
7.00	Inventory	7,395,800	0	0	0	7.00
8.00	Prepaid expenses	3,291,229	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)	138,832,290	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,580,441	0	0	0	12.00
13.00	Land improvements	13,127,497	0	0	0	13.00
14.00	Accumulated depreciation	-9,054,437	0	0	0	14.00
15.00	Buildings	199,907,194	0	0	0	15.00
16.00	Accumulated depreciation	-125,381,755	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	120,886,963	0	0	0	23.00
24.00	Accumulated depreciation	-86,026,339	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)	131,039,564	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	16,145,390	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	17,033,129	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	33,178,519	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	303,050,373	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	21,258,726	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,378,764	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,590,983	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	13,011,952	0	0	0	43.00
44.00	Other current liabilities	4,604,841	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	56,845,266	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	114,380,861	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	6,766,261	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)	121,147,122	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	177,992,388	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	125,057,985				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	125,057,985	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	303,050,373	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-1 | Date/Time Prepared: 5/22/2018 3:53 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		125,951,517		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,688,751				2.00
3.00	Total (sum of line 1 and line 2)		127,640,268		0		3.00
4.00	CONTRIBUTIONS FOR PROPERTY	451,060		0		0	4.00
5.00	INCREASED TEMP RESTRICTED	1,237,894		0		0	5.00
6.00	INCREASE PERM RESTRICTED	2,434		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,691,388		0		10.00
11.00	Subtotal (line 3 plus line 10)		129,331,656		0		11.00
12.00	TRANSFER TO AFFILIATES	4,273,671		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		4,273,671		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		125,057,985		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	CONTRIBUTIONS FOR PROPERTY		0		4.00
5.00	INCREASED TEMP RESTRICTED		0		5.00
6.00	INCREASE PERM RESTRICTED		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	TRANSFER TO AFFILIATES		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 26-0110 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/22/2018 3:53 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	25,077,858		25,077,858	1.00
2.00	SUBPROVIDER - IPF	2,337,918		2,337,918	2.00
3.00	SUBPROVIDER - IRF	1,277,002		1,277,002	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	28,692,778		28,692,778	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
13.01	ADULT SPECIAL CARE	7,121,984		7,121,984	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	CARDIOTHORACIC ICU	4,360,186		4,360,186	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,482,170		11,482,170	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	40,174,948		40,174,948	17.00
18.00	Ancillary services	391,316,252	0	391,316,252	18.00
19.00	Outpatient services	0	538,316,886	538,316,886	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
20.01	RURAL HEALTH CLINIC II	0	4,724,621	4,724,621	20.01
20.02	RURAL HEALTH CLINIC III	0	4,483,677	4,483,677	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,305,836	1,305,836	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,779,003	1,779,003	26.00
27.00	PPO	0	40,397,735	40,397,735	27.00
27.01	OUTREACH LAB	0	764,986	764,986	27.01
27.02	EMPLOYEE CHARGES	4,609,711	12,485,593	17,095,304	27.02
27.03	PROFESIONAL CHARGES	707,928	42,479,132	43,187,060	27.03
27.04	OTHER (SPECIFY)	0	0	0	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	436,808,839	646,737,469	1,083,546,308	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		323,073,060		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)		323,073,060		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/22/2018 3:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,083,546,308	1.00
2.00	Less contractual allowances and discounts on patients' accounts	783,608,644	2.00
3.00	Net patient revenues (line 1 minus line 2)	299,937,664	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	323,073,060	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-23,135,396	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	8,360	6.00
7.00	Income from investments	2,683,198	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	816,510	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	5,963,439	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,399,652	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BUILDING BLOCKS GRANT	796,646	24.00
24.01	HEALTHPOINT	2,826,623	24.01
24.02	PRISONER MEALS	28,668	24.02
24.03	OUTREACH LAB	784,782	24.03
24.04	RENTAL INCOME	696,421	24.04
24.05	MISC OTHER OPERATING REVENUE	1,714,687	24.05
24.06	RENTAL INCOME - INTERNAL	4,882,918	24.06
24.07	GAIN ON DISPOSALS	0	24.07
24.08	340B PHARMACY	914,374	24.08
24.09	LOSS ON EQUIPMENT DISPOSAL	307,874	24.09
25.00	Total other income (sum of lines 6-24)	24,824,152	25.00
26.00	Total (line 5 plus line 25)	1,688,756	26.00
27.00	ROUNDING	5	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,688,751	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

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

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

Worksheet H
Date/Time Prepared: 5/22/2018 3:53 pm

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	165,543	132,656	4,151	113	93,053	395,516	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	487,870	0	0	0	0	487,870	6.00
7.00	Physical Therapy	247,687	0	0	0	0	247,687	7.00
8.00	Occupational Therapy	85,973	0	0	0	0	85,973	8.00
9.00	Speech Pathology	5,287	0	0	0	0	5,287	9.00
10.00	Medical Social Services	38,024	0	0	0	0	38,024	10.00
11.00	Home Health Aide	8,481	0	0	0	0	8,481	11.00
12.00	Supplies (see instructions)	0	0	0	0	16,983	16,983	12.00
13.00	Drugs	0	0	0	0	5,979	5,979	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,038,865	132,656	4,151	113	116,015	1,291,800	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-85,717	309,799	-42	309,757			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	62,282	550,152	0	550,152			6.00
7.00	Physical Therapy	31,409	279,096	0	279,096			7.00
8.00	Occupational Therapy	11,105	97,078	0	97,078			8.00
9.00	Speech Pathology	1,448	6,735	0	6,735			9.00
10.00	Medical Social Services	4,720	42,744	0	42,744			10.00
11.00	Home Health Aide	1,104	9,585	0	9,585			11.00
12.00	Supplies (see instructions)	0	16,983	0	16,983			12.00
13.00	Drugs	0	5,979	0	5,979			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	26,351	1,318,151	-42	1,318,109			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

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

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

Worksheet H-1 Part I
Date/Time Prepared: 5/22/2018 3:53 pm

Home Health Agency I | PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	309,757	0	0	0	0	309,757	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	550,152	0	0	0	0	550,152	6.00
7.00	Physical Therapy	279,096	0	0	0	0	279,096	7.00
8.00	Occupational Therapy	97,078	0	0	0	0	97,078	8.00
9.00	Speech Pathology	6,735	0	0	0	0	6,735	9.00
10.00	Medical Social Services	42,744	0	0	0	0	42,744	10.00
11.00	Home Health Aide	9,585	0	0	0	0	9,585	11.00
12.00	Supplies (see instructions)	16,983	0	0	0	0	16,983	12.00
13.00	Drugs	5,979	0	0	0		5,979	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,318,109	0	0	0	0	1,318,109	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	309,757		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	169,002	719,154	6.00
7.00	Physical Therapy	85,736	364,832	7.00
8.00	Occupational Therapy	29,821	126,899	8.00
9.00	Speech Pathology	2,069	8,804	9.00
10.00	Medical Social Services	13,131	55,875	10.00
11.00	Home Health Aide	2,944	12,529	11.00
12.00	Supplies (see instructions)	5,217	22,200	12.00
13.00	Drugs	1,837	7,816	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		1,318,109	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

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

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

Worksheet H-1
Part II
Date/Time Prepared:
5/22/2018 3:53 pm

Home Health Agency I | PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-309,757	1,008,352	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	550,152	6.00
7.00	Physical Therapy	0	0	0	0	0	279,096	7.00
8.00	Occupational Therapy	0	0	0	0	0	97,078	8.00
9.00	Speech Pathology	0	0	0	0	0	6,735	9.00
10.00	Medical Social Services	0	0	0	0	0	42,744	10.00
11.00	Home Health Aide	0	0	0	0	0	9,585	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	16,983	12.00
13.00	Drugs	0	0	0		0	5,979	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-309,757	1,008,352	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		309,757	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.307191	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

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

Worksheet H-2 Part I
Date/Time Prepared: 5/22/2018 3:53 pm

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	NEW CAP-REL CSTS-BLDGS & FIX #5	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	719,154	0	0	0	0	0	2.00
3.00	Physical Therapy	364,832	0	0	0	0	0	3.00
4.00	Occupational Therapy	126,899	0	0	0	0	0	4.00
5.00	Speech Pathology	8,804	0	0	0	0	0	5.00
6.00	Medical Social Services	55,875	0	0	0	0	0	6.00
7.00	Home Health Aide	12,529	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	22,200	0	0	0	0	0	8.00
9.00	Drugs	7,816	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,318,109	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		1.05	1.06	1.07	1.08	2.00	4.00	
1.00	Administrative and General	0	0	0	47,183	762	23,040	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	58,577	2.00
3.00	Physical Therapy	0	0	0	0	0	29,739	3.00
4.00	Occupational Therapy	0	0	0	0	0	10,323	4.00
5.00	Speech Pathology	0	0	0	0	0	635	5.00
6.00	Medical Social Services	0	0	0	0	0	4,565	6.00
7.00	Home Health Aide	0	0	0	0	0	1,018	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	47,183	762	127,897	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

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

Worksheet H-2 Part I
Date/Time Prepared: 5/22/2018 3:53 pm

Home Health Agency I | PPS

	Cost Center Description	COMMUNICATIONS	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	5,456	76,441	5,494	279	4,369	8,641	1.00
2.00	Skilled Nursing Care	0	777,731	55,897	0	0	0	2.00
3.00	Physical Therapy	0	394,571	28,359	0	0	0	3.00
4.00	Occupational Therapy	0	137,222	9,863	0	0	0	4.00
5.00	Speech Pathology	0	9,439	678	0	0	0	5.00
6.00	Medical Social Services	0	60,440	4,344	0	0	0	6.00
7.00	Home Health Aide	0	13,547	974	0	0	0	7.00
8.00	Supplies (see instructions)	0	22,200	1,596	0	0	0	8.00
9.00	Drugs	0	7,816	562	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)	5,456	1,499,407	107,767	279	4,369	8,641	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	95,224	10,101	17,470	39,005	0	21,931	1.00
2.00	Skilled Nursing Care	833,628	88,433	0	0	0	0	2.00
3.00	Physical Therapy	422,930	44,865	0	0	0	0	3.00
4.00	Occupational Therapy	147,085	15,603	0	0	0	0	4.00
5.00	Speech Pathology	10,117	1,073	0	0	0	0	5.00
6.00	Medical Social Services	64,784	6,872	0	0	0	0	6.00
7.00	Home Health Aide	14,521	1,540	0	0	0	0	7.00
8.00	Supplies (see instructions)	23,796	2,524	0	0	0	0	8.00
9.00	Drugs	8,378	889	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,620,463	171,900	17,470	39,005	0	21,931	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

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

Worksheet H-2 Part I
Date/Time Prepared: 5/22/2018 3:53 pm

Home Health Agency I | PPS

	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	4,723	0	233,775	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	4,723	0	233,775	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	
		16.00	17.00	19.00	20.00	20.01	20.02	
1.00	Administrative and General	3,655	0	0	41,152	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,655	0	0	41,152	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

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

Worksheet H-2 Part I
Date/Time Prepared: 5/22/2018 3:53 pm

Home Health Agency I | PPS

	Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		20.03	21.00	22.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	0	467,036	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	922,061	0	2.00
3.00	Physical Therapy	0	0	0	0	467,795	0	3.00
4.00	Occupational Therapy	0	0	0	0	162,688	0	4.00
5.00	Speech Pathology	0	0	0	0	11,190	0	5.00
6.00	Medical Social Services	0	0	0	0	71,656	0	6.00
7.00	Home Health Aide	0	0	0	0	16,061	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	26,320	0	8.00
9.00	Drugs	0	0	0	0	9,267	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	2,154,074	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		26.00	27.00	28.00	
1.00	Administrative and General	467,036			1.00
2.00	Skilled Nursing Care	922,061	255,263	1,177,324	2.00
3.00	Physical Therapy	467,795	129,503	597,298	3.00
4.00	Occupational Therapy	162,688	45,038	207,726	4.00
5.00	Speech Pathology	11,190	3,098	14,288	5.00
6.00	Medical Social Services	71,656	19,837	91,493	6.00
7.00	Home Health Aide	16,061	4,446	20,507	7.00
8.00	Supplies (see instructions)	26,320	7,286	33,606	8.00
9.00	Drugs	9,267	2,565	11,832	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	0	0	0	19.00
19.50	Telemedicine	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,154,074	467,036	2,154,074	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.		0.276838		21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

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

Worksheet H-2 Part II
Date/Time Prepared: 5/22/2018 3:53 pm

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

	Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	MVBLE EQUIP (DIRECT COS TS)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	
		1.06	1.07	1.08	2.00	4.00	5.01	
1.00	Administrative and General	0	0	3,286	752	191,894	33	1.00
2.00	Skilled Nursing Care	0	0	0	0	487,870	0	2.00
3.00	Physical Therapy	0	0	0	0	247,687	0	3.00
4.00	Occupational Therapy	0	0	0	0	85,973	0	4.00
5.00	Speech Pathology	0	0	0	0	5,287	0	5.00
6.00	Medical Social Services	0	0	0	0	38,024	0	6.00
7.00	Home Health Aide	0	0	0	0	8,481	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	3,286	752	1,065,216	33	20.00
21.00	Total cost to be allocated	0	0	47,183	762	127,897	5,456	21.00
22.00	Unit cost multiplier	0.000000	0.000000	14.358795	1.013298	0.120067	165.333333	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

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

Worksheet H-2 Part II
Date/Time Prepared: 5/22/2018 3:53 pm

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	Cost Center Description	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	76,441	2,149	1,305,836	1,305,836	0	1.00
2.00	Skilled Nursing Care	0	777,731	0	0	0	0	2.00
3.00	Physical Therapy	0	394,571	0	0	0	0	3.00
4.00	Occupational Therapy	0	137,222	0	0	0	0	4.00
5.00	Speech Pathology	0	9,439	0	0	0	0	5.00
6.00	Medical Social Services	0	60,440	0	0	0	0	6.00
7.00	Home Health Aide	0	13,547	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	22,200	0	0	0	0	8.00
9.00	Drugs	0	7,816	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)		1,499,407	2,149	1,305,836	1,305,836		20.00
21.00	Total cost to be allocated		107,767	279	4,369	8,641		21.00
22.00	Unit cost multiplier		0.071873	0.129828	0.003346	0.006617		22.00

	Cost Center Description	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.06	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	95,224	19	3,286	0	3,286	0	1.00
2.00	Skilled Nursing Care	833,628	0	0	0	0	0	2.00
3.00	Physical Therapy	422,930	0	0	0	0	0	3.00
4.00	Occupational Therapy	147,085	0	0	0	0	0	4.00
5.00	Speech Pathology	10,117	0	0	0	0	0	5.00
6.00	Medical Social Services	64,784	0	0	0	0	0	6.00
7.00	Home Health Aide	14,521	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	23,796	0	0	0	0	0	8.00
9.00	Drugs	8,378	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)	1,620,463	19	3,286	0	3,286	0	20.00
21.00	Total cost to be allocated	171,900	17,470	39,005	0	21,931	0	21.00
22.00	Unit cost multiplier	0.106081	919.473684	11.870055	0.000000	6.674072	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

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

Worksheet H-2 Part II
Date/Time Prepared: 5/22/2018 3:53 pm

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	Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERV ICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS TS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUES)	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	379	0	15	0	0	1,305,836	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	379	0	15	0	0	1,305,836	20.00
21.00	Total cost to be allocated	4,723	0	233,775	0	0	3,655	21.00
22.00	Unit cost multiplier	12.461741	0.000000	15,585.000000	0.000000	0.000000	0.002799	22.00

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	
		17.00	19.00	20.00	20.01	20.02	20.03	
1.00	Administrative and General	0	0	682	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	682	0	0	0	20.00
21.00	Total cost to be allocated	0	0	41,152	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	60.340176	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/22/2018 3:53 pm
		Home Health Agency I	PPS

	Cost Center Description	INTERNS & RESIDENTS					
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)			
		21.00	22.00	23.00			
1.00	Administrative and General	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0			2.00
3.00	Physical Therapy	0	0	0			3.00
4.00	Occupational Therapy	0	0	0			4.00
5.00	Speech Pathology	0	0	0			5.00
6.00	Medical Social Services	0	0	0			6.00
7.00	Home Health Aide	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0			8.00
9.00	Drugs	0	0	0			9.00
10.00	DME	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0			13.00
14.00	Clinic	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0			15.00
16.00	Day Care Program	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0			17.00
18.00	Homemaker Service	0	0	0			18.00
19.00	All Others (specify)	0	0	0			19.00
19.50	Telemedicine	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

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

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

Worksheet H-3 Part I
Date/Time Prepared: 5/22/2018 3:53 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,177,324		1,177,324	3,158	372.81	1.00
2.00	Physical Therapy	3.00	597,298	0	597,298	2,441	244.69	2.00
3.00	Occupational Therapy	4.00	207,726	0	207,726	340	610.96	3.00
4.00	Speech Pathology	5.00	14,288	0	14,288	60	238.13	4.00
5.00	Medical Social Services	6.00	91,493		91,493	29	3,154.93	5.00
6.00	Home Health Aide	7.00	20,507		20,507	361	56.81	6.00
7.00	Total (sum of lines 1-6)		2,108,636	0	2,108,636	6,389		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		16020	0	1,026			8.00
8.01	Skilled Nursing Care		99926	0	612			8.01
9.00	Physical Therapy		16020	0	951			9.00
9.01	Physical Therapy		99926	0	482			9.01
10.00	Occupational Therapy		16020	0	186			10.00
10.01	Occupational Therapy		99926	0	65			10.01
11.00	Speech Pathology		16020	0	28			11.00
11.01	Speech Pathology		99926	0	16			11.01
12.00	Medical Social Services		16020	0	13			12.00
12.01	Medical Social Services		99926	0	6			12.01
13.00	Home Health Aide		16020	0	57			13.00
13.01	Home Health Aide		99926	0	163			13.01
14.00	Total (sum of lines 8-13)			0	3,605			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	33,606	0	33,606	10,785	3.115994	15.00
16.00	Cost of Drugs	9.00	11,832	0	11,832	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,638		0	610,663		1.00
2.00	Physical Therapy	0	1,433		0	350,641		2.00
3.00	Occupational Therapy	0	251		0	153,351		3.00
4.00	Speech Pathology	0	44		0	10,478		4.00
5.00	Medical Social Services	0	19		0	59,944		5.00
6.00	Home Health Aide	0	220		0	12,498		6.00
7.00	Total (sum of lines 1-6)	0	3,605		0	1,197,575		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

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

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

Worksheet H-3
Part I
Date/Time Prepared:
5/22/2018 3:53 pm

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	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
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	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	610,663	1.00
2.00	Physical Therapy	350,641	2.00
3.00	Occupational Therapy	153,351	3.00
4.00	Speech Pathology	10,478	4.00
5.00	Medical Social Services	59,944	5.00
6.00	Home Health Aide	12,498	6.00
7.00	Total (sum of lines 1-6)	1,197,575	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: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part II Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Home Health Agency I	PPS

	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	0.210054	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.275096	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.185772	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.170205	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.206985	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.228908	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Home Health Agency I	PPS

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

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	724,663	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	17,424	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	17,182	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	4,854	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	6,303	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	770,426	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	770,426	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	770,426	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	770,426	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	770,426	31.00
31.01	Sequestration adjustment (see instructions)	0	15,408	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	755,018	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2017 To 12/31/2017	Worksheet H-5 Date/Time Prepared: 5/22/2018 3:53 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		755,018	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		755,018	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		755,018	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

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

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

Worksheet O
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		41,896	41,896	0	41,896	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	124,648	124,648	0	124,648	3.00
4.00	ADMINISTRATIVE & GENERAL*	143,795	24,553	168,348	26,351	194,699	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	21	21	0	21	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	10,956	10,956	0	10,956	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	65,811	65,811	0	65,811	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	43,284	0	43,284	0	43,284	13.00
14.00	PHARMACY*	0	95,947	95,947	0	95,947	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	205,680	0	205,680	0	205,680	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	482,512	0	482,512	0	482,512	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**	86,141	0	86,141	0	86,141	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	44,702	0	44,702	0	44,702	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	22,944	0	22,944	0	22,944	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	44,696	44,696	0	44,696	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	36	36	0	36	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
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	27,169	0	27,169	0	27,169	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	7,638	0	7,638	0	7,638	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	3,854	0	3,854	0	3,854	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*	0	173,644	173,644	0	173,644	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,067,719	582,208	1,649,927	26,351	1,676,278	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

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

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

Worksheet O
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	41,896		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	124,648		3.00
4.00	ADMINISTRATIVE & GENERAL*	-84	194,615		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	21		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	10,956		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	65,811		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	43,284		13.00
14.00	PHARMACY*	0	95,947		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	205,680		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	482,512		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	86,141		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0		33.00
34.00	SPIRITUAL COUNSELING**	0	44,702		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	22,944		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	44,696		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	36		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
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	27,169		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	7,638		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	3,854		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	173,644		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-84	1,676,194		100.00

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

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

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

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

Worksheet O-2
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	204,756	0	204,756	0	204,756	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	480,343	0	480,343	0	480,343	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	85,754	0	85,754	0	85,754	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	44,501	0	44,501	0	44,501	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	22,841	0	22,841	0	22,841	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	44,495	44,495	0	44,495	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	36	36	0	36	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 *	838,195	44,531	882,726	0	882,726	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	204,756		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	480,343		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	85,754		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	44,501		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	22,841		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	44,495		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	36		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	882,726		100.00

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

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

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

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

Worksheet O-3
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	814	0	814	0	814	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,911	0	1,911	0	1,911	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	341	0	341	0	341	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	177	0	177	0	177	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	91	0	91	0	91	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	177	177	0	177	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 *	3,334	177	3,511	0	3,511	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	814		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,911		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	341		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	177		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	91		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	177		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	3,511		100.00

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

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

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

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

Worksheet O-4
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	110	0	110	0	110	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	258	0	258	0	258	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	46	0	46	0	46	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	24	0	24	0	24	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	12	0	12	0	12	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	24	24	0	24	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 *	450	24	474	0	474	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	110		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	258		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	46		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	24		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	12		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	24		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	474		100.00

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

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

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

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

Worksheet O-5
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	41,896	47,183	89,079	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	262	262	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	124,648	131,362	256,010	3.00
4.00	ADMINISTRATIVE & GENERAL	194,615	372,663	567,278	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	40,844	40,844	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	21	21,931	21,952	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	264,945	264,945	9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,956	0	10,956	10.00
11.00	MEDICAL RECORDS	0	4,979	4,979	11.00
12.00	STAFF TRANSPORTATION	65,811		65,811	12.00
13.00	VOLUNTEER SERVICE COORDINATION	43,284		43,284	13.00
14.00	PHARMACY	95,947	0	95,947	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	3,319	3,319	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	882,726		882,726	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,511		3,511	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	474		474	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	27,169		27,169	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	7,638		7,638	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	3,854		3,854	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	173,644		173,644	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,676,194	887,488	2,563,682	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

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

Worksheet O-6
Part I
Date/Time Prepared:
5/22/2018 3:53 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	89,079	89,079				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	262		262			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	256,010	0	0	256,010		3.00
4.00	ADMINISTRATIVE & GENERAL	567,278	89,079	262	0	656,619	4.00
5.00	PLANT OPERATION & MAINTENANCE	40,844	0	0	0	40,844	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	21,952	0	0	0	21,952	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	264,945	0	0	34,478	299,423	9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,956	0	0	0	10,956	10.00
11.00	MEDICAL RECORDS	4,979	0	0	0	4,979	11.00
12.00	STAFF TRANSPORTATION	65,811	0	0	0	65,811	12.00
13.00	VOLUNTEER SERVICE COORDINATION	43,284	0	0	10,378	53,662	13.00
14.00	PHARMACY	95,947	0	0	0	95,947	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	3,319	0	0	0	3,319	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	882,726			200,978	1,083,704	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,511	0	0	799	4,310	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	474	0	0	108	582	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	27,169	0	0	6,514	33,683	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	7,638	0	0	1,831	9,469	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	924	924	63.00
64.00	PALLIATIVE CARE PROGRAM	3,854	0	0	0	3,854	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	173,644				173,644	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	2,563,682	89,079	262	256,010	2,563,682	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

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

Worksheet O-6
Part I
Date/Time Prepared:
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Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	656,619					4.00
5.00	PLANT OPERATION & MAINTENANCE	15,472	56,316				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	8,315	0		30,267		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	113,421	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,150	0		0		10.00
11.00	MEDICAL RECORDS	1,886	0		0		11.00
12.00	STAFF TRANSPORTATION	24,929	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	20,327	0		0		13.00
14.00	PHARMACY	36,345	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	1,257	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	410,508					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,633	49,615	0	26,666	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	220	6,701	0	3,601	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	12,759	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	3,587	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	350	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	1,460	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	0	0	0	0	0	99.00
100.00	TOTAL	656,619	56,316	0	30,267	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

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

Worksheet O-6
Part I
Date/Time Prepared:
5/22/2018 3:53 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	412,844					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	15,106				10.00
11.00	MEDICAL RECORDS	0		6,865			11.00
12.00	STAFF TRANSPORTATION	0			90,740		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	73,989	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	410,987	15,038	6,834	90,332	73,656	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,637	60	27	359	293	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	220	8	4	49	40	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	412,844	15,106	6,865	90,740	73,989	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

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

Worksheet O-6
Part I
Date/Time Prepared:
5/22/2018 3:53 pm

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	132,292					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		4,576			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	131,697	0	4,556		2,227,312	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	524	0	18	0	85,142	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	71	0	2	0	11,498	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		46,442	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		13,056	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		1,274	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		5,314	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					173,644	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	132,292	0	4,576	0	2,563,682	100.00

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

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

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2018 3:53 pm

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,286					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		259				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,067,719			3.00
4.00	ADMINISTRATIVE & GENERAL	3,286	259	0	-656,619	1,733,419	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	40,844	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	21,952	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	143,795	0	299,423	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10,956	10.00
11.00	MEDICAL RECORDS	0	0	0	0	4,979	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	65,811	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	43,284	0	53,662	13.00
14.00	PHARMACY	0	0	0	0	95,947	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	3,319	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			838,194	0	1,083,704	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	3,334	0	4,310	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	451	0	582	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	27,169	0	33,683	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	7,638	0	9,469	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	3,854	0	924	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	3,854	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				-173,644		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	89,079	262	256,010		656,619	100.00
101.00	UNIT COST MULTIPLIER	27.108643	1.011583	0.239773		0.378800	101.00

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

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

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2018 3:53 pm

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,286					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3,286			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		33,804	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					33,652	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,895	0	2,895	0	134	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	391	0	391	0	18	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	56,316	0	30,267	0	412,844	100.00
101.00	UNIT COST MULTIPLIER	17.138162	0.000000	9.210895	0.000000	12.212874	101.00

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

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

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2018 3:53 pm

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,344					10.00
11.00	MEDICAL RECORDS		9,344				11.00
12.00	STAFF TRANSPORTATION			9,344			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	9,344		13.00
14.00	PHARMACY			0	0	9,344	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	9,302	9,302	9,302	9,302	9,302	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	37	37	37	37	37	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5	5	5	5	5	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	15,106	6,865	90,740	73,989	132,292	100.00
101.00	UNIT COST MULTIPLIER	1.616652	0.734696	9.711045	7.918343	14.157962	101.00

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

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

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2018 3:53 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		9,344			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	9,302			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	37	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	5	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	4,576	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.489726	0.000000		101.00

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

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

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

Worksheet O-7
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.210054	0	0	0	1.00
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.275096	0	0	0	1.01
1.02	PHYSIATRY	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.185772	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.170205	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.228908	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.159220	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.206985	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.299061	0	0	0	9.00
9.01	CHEMOTHERAPY	55.01	0.408052	0	0	0	9.01
10.00	CARDIAC REHAB	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.553028	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

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

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

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

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

Worksheet O-8
Date/Time Prepared: 5/22/2018 3:53 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			2,227,312	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			9,302	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			239.44	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	7,800	1,036		9.00
10.00	Program cost (line 8 times line 9)	1,867,632	248,060		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			85,142	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			37	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			2,301.14	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	21	11		14.00
15.00	Program cost (line 13 times line 14)	48,324	25,313		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			11,498	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			5	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,299.60	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	5	0		19.00
20.00	Program cost (line 18 times line 19)	11,498	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,323,952	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,344	22.00
23.00	Average cost per diem (line 21 divided by line 22)			248.71	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 26-0110	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,089,499	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	837,632	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)	98.91	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)	7.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	16.22	8.00
9.00	Sum of lines 7 and 8	24.13	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.01	10.00
11.00	Disproportionate share adjustment (see instructions)	154,784	11.00
12.00	Total prospective capital payments (see instructions)	4,081,915	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

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

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

Worksheet M-1
Date/Time Prepared: 5/22/2018 3:53 pm

RHC II Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,687,120	38,151	1,725,271	0	1,725,271	1.00
2.00	Physician Assistant	337,058	0	337,058	0	337,058	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	385,984	0	385,984	0	385,984	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	59,060	0	59,060	0	59,060	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,469,222	38,151	2,507,373	0	2,507,373	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	234,335	234,335	0	234,335	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	56,455	56,455	0	56,455	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	290,790	290,790	0	290,790	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,469,222	328,941	2,798,163	0	2,798,163	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	252,213	309,904	562,117	0	562,117	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	252,213	309,904	562,117	0	562,117	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,721,435	638,845	3,360,280	0	3,360,280	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2017 To 12/31/2017	Worksheet M-1 Date/Time Prepared: 5/22/2018 3:53 pm
		RHC II	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	1,725,271		1.00
2.00	Physician Assistant	0	337,058		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	385,984		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	59,060		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	2,507,373		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	234,335		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	56,455		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	290,790		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,798,163		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	0	562,117		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	562,117		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	3,360,280		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

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

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

Worksheet M-1
Date/Time Prepared: 5/22/2018 3:53 pm

RHC III Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,253,328	30,930	1,284,258	0	1,284,258	1.00
2.00	Physician Assistant	105,308	0	105,308	0	105,308	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	269,644	0	269,644	0	269,644	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,628,280	30,930	1,659,210	0	1,659,210	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	676,747	676,747	0	676,747	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	31,228	31,228	0	31,228	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	707,975	707,975	0	707,975	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,628,280	738,905	2,367,185	0	2,367,185	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	143,771	187,806	331,577	0	331,577	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	143,771	187,806	331,577	0	331,577	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,772,051	926,711	2,698,762	0	2,698,762	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2017 To 12/31/2017	Worksheet M-1 Date/Time Prepared: 5/22/2018 3:53 pm
		RHC III	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	1,284,258		1.00
2.00	Physician Assistant	0	105,308		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	269,644		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,659,210		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	676,747		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	31,228		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	707,975		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,367,185		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	0	331,577		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	331,577		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	2,698,762		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

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

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

Worksheet M-2
Date/Time Prepared:
5/22/2018 3:53 pm

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
					RHC II	Cost	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	4.37	22,991	4,200	18,354		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	2.77	6,538	2,100	5,817		3.00
4.00	Subtotal (sum of lines 1 through 3)	7.14	29,529		24,171	29,529	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	7.14	29,529			29,529	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					2,798,163	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,798,163	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					562,117	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,797,362	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,359,479	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					2,359,479	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					2,359,479	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					5,157,642	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

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

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

Worksheet M-2
Date/Time Prepared: 5/22/2018 3:53 pm

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
					RHC III	Cost	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	3.36	17,035	4,200	14,112		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.70	3,945	2,100	1,470		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.06	20,980		15,582	20,980	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.06	20,980			20,980	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					2,367,185	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,367,185	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					331,577	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,261,385	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,592,962	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,592,962	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,592,962	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					3,960,147	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2017 To 12/31/2017	Worksheet M-3 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	RHC II	Cost

			1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES			
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		5,157,642	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		203,939	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		4,953,703	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		29,529	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		29,529	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		167.76	7.00

		Calculation of Limit (1)		
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	81.32	82.30	8.00
9.00	Rate for Program covered visits (see instructions)	81.32	82.30	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	7,949	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	654,203	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	654,203	16.00
16.01	Total program charges (see instructions)(from contractor's records)		1,131,773	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		54,409	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		31,450	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		396,331	16.04
16.05	Total program cost (see instructions)	0	427,781	16.05
17.00	Primary payer amounts		1,060	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		127,339	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		189,995	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		426,721	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		90,951	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		517,672	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		517,672	26.00
26.01	Sequestration adjustment (see instructions)		10,353	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		409,788	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		97,531	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2017 To 12/31/2017	Worksheet M-3 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	RHC III	Cost

			1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES			
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		3,960,147	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		3,960,147	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		20,980	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		20,980	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		188.76	7.00

		Calculation of Limit (1)		
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	81.32	82.30	8.00
9.00	Rate for Program covered visits (see instructions)	81.32	82.30	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	0	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	0	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		0	16.04
16.05	Total program cost (see instructions)	0	0	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		0	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		0	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		0	26.00
26.01	Sequestration adjustment (see instructions)		0	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		0	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		0	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2017 To 12/31/2017	Worksheet M-4 Date/Time Prepared: 5/22/2018 3:53 pm
	Title XVIII	RHC II	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	2,507,373	2,507,373	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.004773	0.013174	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	11,968	33,032	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	46,805	18,838	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	58,773	51,870	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	2,798,163	2,798,163	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	2,359,479	2,359,479	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.021004	0.018537	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	49,558	43,738	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	108,331	95,608	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	425	1,173	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	254.90	81.51	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	203	481	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	51,745	39,206	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)		203,939	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)		90,951	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2017 To 12/31/2017	Worksheet M-5 Date/Time Prepared: 5/22/2018 3:53 pm

		RHC II	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		409,788	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		409,788	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		97,531	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		507,319	7.00

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