

SoutheastHEALTH

Title XVIII Medicare Cost Report

Provider CCN: 26-0110

Year Ended December 31, 2018

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 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 9:10 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/30/2019 Time: 9:10 am

PART II - CERTIFICATION

MI SREPRESENTATION 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 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Encryption Information
 ECR: Date: 5/30/2019 Time: 9:10 am
 DI . YQWck6doE112pP0VgzD9eYQX7o0
 8c5Vo0f00Ju. cLuGSnmJoc9o: DI TwU
 hedp2vXse001Bp. 2
 PI: Date: 5/30/2019 Time: 9:10 am
 OLDVZXhdXqsue. xXN0kHcht2i 7DeBO
 BDCOZOby2gVwARJO. ZI MAYHEEODPqa
 sezU00Xpda0DdFkx

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

 Title

 Date

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,429,117	92,048	0	4,445,892	1.00
2.00 Subprovider - IPF	0	16,554	0		18,816	2.00
3.00 Subprovider - IRF	0	-18,900	0		34,910	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		125,846		0	10.01
10.02 RURAL HEALTH CLINIC III	0		0		0	10.02
200.00 Total	0	-1,431,463	217,894	0	4,499,618	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 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 63701		4.00 County: CAPE GIRARDEAU		1.00
1.00	Street: 1701 LACEY STREET	State: MO		Zip Code: 63701		County: CAPE GIRARDEAU		2.00
2.00	City: CAPE GIRARDEAU							

	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 HOSPIECE	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 - FOHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)	2		21.00

		1.00	2.00	3.00
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Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y		N					22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y		Y					22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N		N					22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N		N		N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am			
		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.	3,153	580	342	0	1,953	62		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	99	12	0	0	0			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am			
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					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		
			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)					65.00	
			0.00	0.00	0.000000		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					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		
			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)					67.00	
			0.00	0.00	0.000000		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am
		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
		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. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, 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. 1 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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am	
				V	XIX		
				1.00	2.00		
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	
				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:	2,841,477	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am		
		1.00	2.00					
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0719					140.00
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: SOUTHEAST HOSPITAL	Contractor's Name: WPS		Contractor's Number: 05301				141.00
142.00	Street: 1701 LACEY STREET	PO Box:						142.00
143.00	City: CAPE GIRARDEAU	State: MO	Zip Code: 63701					143.00
1.00								
144.00	Are provider based physicians' costs included in Worksheet A?	Y						144.00
1.00								
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	N			161.00
1.00								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N						165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y						167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)	10/01/2018		12/31/2018		170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:10 am
		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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 9:10 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/02/2019	Y	05/02/2019		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 9:10 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 9:10 am
		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 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	155	59,290	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)		155	59,290	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)		181	68,780	0.00		0 14.00
15.00 CAH visits						0 15.00
16.00 SUBPROVIDER - IPF	40.00	0	2,119			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)		194				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 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,197	2,300	31,205			1.00
2.00 HMO and other (see instructions)	3,585	2,875				2.00
3.00 HMO IPF Subprovider	33	125				3.00
4.00 HMO IRF Subprovider	191	12				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,197	2,300	31,205			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	1,829	419	3,453			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 CARDIOTHORACIC ICU	1,706	278	2,974			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		156	2,521			13.00
14.00 Total (see instructions)	20,732	3,153	40,153	0.00	1,751.83	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	176	256	898	0.00	7.10	16.00
17.00 SUBPROVIDER - IRF	1,667	99	2,284	0.00	13.27	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	3,664	190	6,028	0.00	13.94	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	14.91	24.00
24.10 HOSPICE (non-distinct part)			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	8,694	1,246	31,848	0.00	35.78	26.01
26.02 RURAL HEALTH CLINIC III	0	837	24,057	0.00	21.29	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	1,858.12	27.00
28.00 Observation Bed Days		438	6,217			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			27			31.00
32.00 Labor & delivery days (see instructions)	0	62	258			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 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,089	505	7,639	1.00
2.00 HMO and other (see instructions)				624	592		2.00
3.00 HMO IPF Subprovider					46		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	4,089	505		7,639	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	48	83		738	16.00
17.00 SUBPROVIDER - IRF	0.00	0	158	8		183	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 01/01/2018
To 12/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 9:10 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	125,339,578	0	125,339,578	3,864,896.24	32.43
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,103,794	0	3,103,794	32,290.12	96.12
4.00	Physician-Part A - Administrative		613,338	0	613,338	2,892.76	212.03
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		16,002,361	0	16,002,361	109,862.33	145.66
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		1,867,159	0	1,867,159	97,058.57	19.24
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		8,897,416	0	8,897,416	227,304.65	39.14
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		32,488,137	91,681	32,579,818	713,471.89	45.66
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,074,317	0	5,074,317	83,551.07	60.73
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		7,418,258	0	7,418,258	209,832.35	35.35
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,284,094	0	16,284,094		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,064,468	0	4,064,468		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		126,401	0	126,401		
22.00	Physician Part A - Administrative		60,045	0	60,045		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,296,631	0	1,296,631		
24.00	Wage-related costs (RHC/FQHC)		487,149	0	487,149		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,611,883	0	1,611,883		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0110

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 9:10 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	804,765	0	804,765	28,615.60	26.00
27.00	Administrative & General	5.00	14,931,376	0	14,931,376	28.07	27.00
28.00	Administrative & General under contract (see inst.)		1,538,049	0	1,538,049	125.24	28.00
29.00	Maintenance & Repairs	6.00	2,081,356	0	2,081,356	25.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	1,948,628	0	1,948,628	11.97	32.00
33.00	Housekeeping under contract (see instructions)		5,778	0	5,778	12.57	33.00
34.00	Dietary	10.00	1,276,427	0	1,276,427	12.55	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,407,667	-54,672	3,352,995	28.29	38.00
39.00	Central Services and Supply	14.00	731,840	0	731,840	15.97	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,567,910	0	1,567,910	18.42	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0110

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2019 9:10 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	97,012,675	0	97,012,675	3,411,121.12	28.44	1.00
2.00	Excluded area salaries (see instructions)	32,488,137	91,681	32,579,818	713,471.89	45.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,524,538	-91,681	64,432,857	2,697,649.23	23.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,492,575	0	12,492,575	293,383.42	42.58	4.00
5.00	Subtotal wage-related costs (see inst.)	17,956,022	0	17,956,022	0.00	27.87	5.00
6.00	Total (sum of lines 3 thru 5)	94,973,135	-91,681	94,881,454	2,991,032.65	31.72	6.00
7.00	Total overhead cost (see instructions)	28,293,796	-54,672	28,239,124	1,170,468.92	24.13	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 9:10 am
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		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	5,015,354	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	27,010	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,662,900	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	258,817	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	132,390	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)	648,595	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	326,442	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,189,526	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	57,753	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,318,787	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 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 9:10 am
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		5,074,317	22,318,787
2.00	Hospital		5,074,317	20,874,636
3.00	Subprovider - IPF		0	79,099
4.00	Subprovider - IRF		0	143,756
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			0
9.00	Hospital-Based NF			0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA		0	182,073
12.00	Separately Certified ASC			0
13.00	Hospital-Based Hospice		0	169,725
14.00	Hospital-Based Health Clinic RHC		0	0
14.01	Hospital-Based Health Clinic RHC 1		0	510,016
14.02	Hospital-Based Health Clinic RHC 2		0	359,482
15.00	Hospital-Based Health Clinic FOHC			0
16.00	Hospital-Based-CMHC			0
17.00	Renal Dialysis			0
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 26-0110 Component CCN: 26-7121		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/30/2019 9:10 am	
				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	433	0	41	474	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	323.00	26.00	74.00	423.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			2.00	0.00	2.00	4.00
5.00	Other Administrative Personnel			0.98	0.00	0.98	5.00
6.00	Direct Nursing Service			5.98	0.00	5.98	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			1.00	0.00	1.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.06	0.00	0.06	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.59	0.00	0.59	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.23	0.00	0.23	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DIETICIAN			0.10	0.00	0.10	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		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,517	46	44	28	1,635	21.00
22.00	Skilled Nursing Visit Charges	226,412	6,866	6,567	4,179	244,024	22.00
23.00	Physical Therapy Visits	1,401	5	62	21	1,489	23.00
24.00	Physical Therapy Visit Charges	355,154	1,268	15,717	5,324	377,463	24.00
25.00	Occupational Therapy Visits	251	0	2	3	256	25.00
26.00	Occupational Therapy Visit Charges	63,629	0	507	761	64,897	26.00
27.00	Speech Pathology Visits	27	0	0	0	27	27.00
28.00	Speech Pathology Visit Charges	6,845	0	0	0	6,845	28.00
29.00	Medical Social Service Visits	17	0	0	0	17	29.00
30.00	Medical Social Service Visit Charges	2,724	0	0	0	2,724	30.00
31.00	Home Health Aide Visits	226	6	1	7	240	31.00
32.00	Home Health Aide Visit Charges	12,204	324	54	378	12,960	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,439	57	109	59	3,664	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)	666,968	8,458	22,845	10,642	708,913	35.00
36.00	Total Number of Episodes (standard/non outlier)	311		38	6	355	36.00
37.00	Total Number of Outlier Episodes		2		0	2	37.00
38.00	Total Non-Routine Medical Supply Charges	8,223	456	184	96	8,959	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 26-0110 Component CCN: 26-8657		Period: From 01/01/2018 To 12/31/2018		Worksheet S-8 Date/Time Prepared: 5/30/2019 9:10 am	
		RHC II		Cost			
				1.00			
1.00	Clinic Address and Identification 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		MO63701		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	
11.00	Facility hours of operations (1) CLINIC	08:00		16:30		08:00	
				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		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	
11.00	Facility hours of operations (1) CLINIC	16:30		08:00		16:30	
				08:00		16:30	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 26-0110 Component CCN: 26-8657		Period: From 01/01/2018 To 12/31/2018		Worksheet S-8 Date/Time Prepared: 5/30/2019 9:10 am	
				RHC II		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	16:30				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 26-0110 Component CCN: 26-8674		Period: From 01/01/2018 To 12/31/2018		Worksheet S-8 Date/Time Prepared: 5/30/2019 9:10 am	
		RHC III		Cost			
				1.00			
1.00	Clinic Address and Identification 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	
				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	
11.00	Facility hours of operations (1) CLINIC	08:00		16:30		08:00	
				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		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	
11.00	Facility hours of operations (1) CLINIC	16:30		08:00		16:30	
				08:00		16:30	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 26-0110 Component CCN: 26-8674		Period: From 01/01/2018 To 12/31/2018		Worksheet S-8 Date/Time Prepared: 5/30/2019 9:10 am	
				RHC III		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	16:30				11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 26-0110 Hospice CCN: 26-1537	Period: From 01/01/2018 To 12/31/2018	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/30/2019 9:10 am
			Hospice I	

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	6,785	39	144	6,968	11.00
12.00	Hospice Inpatient Respite Care	31	0	19	50	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	6,816	39	163	7,018	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 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 9:10 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.227824	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			25,785,950	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			102,711,750	6.00	
7.00	Medicaid cost (line 1 times line 6)			23,400,202	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,675,207	3,072,998	14,748,205	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,659,892	3,072,998	5,732,890	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)	2,659,892	3,072,998	5,732,890	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)			44,325,055	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			927,820	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,427,415	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			42,897,640	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			10,272,707	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			16,005,597	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,005,597	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

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

Worksheet A
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,292,303	8,292,303	-6,378,913	1,913,390	1.00
1.01	00101			0	202,801	202,801	1.01
1.02	00102			0	465,283	465,283	1.02
1.03	00103			0	337,038	337,038	1.03
1.04	00104			0	0	0	1.04
1.05	00105			0	175,687	175,687	1.05
1.06	00106			0	463,674	463,674	1.06
1.07	00107			0	830,547	830,547	1.07
1.08	00108			0	8,132,935	8,132,935	1.08
2.00	00200		10,108,905	10,108,905	2,042,525	12,151,430	2.00
3.00	00300			0	0	0	3.00
4.00	00400	804,765	11,302,506	12,107,271	-1,451,195	10,656,076	4.00
5.01	01160	163,516	360,368	523,884	-86,069	437,815	5.01
5.02	00550	2,153,578	8,712,393	10,865,971	86,069	10,952,040	5.02
5.03	00560	751,332	21,992	773,324	0	773,324	5.03
5.04	00570	2,139,743	618,832	2,758,575	0	2,758,575	5.04
5.05	00580	1,782,129	4,222,772	6,004,901	0	6,004,901	5.05
5.06	00590	7,941,078	25,541,667	33,482,745	0	33,482,745	5.06
6.00	00600	2,081,356	1,699,587	3,780,943	0	3,780,943	6.00
7.00	00700		3,960,400	3,960,400	6,545	3,966,945	7.00
8.00	00800			0	835,081	835,081	8.00
9.00	00900	1,948,628	1,591,771	3,540,399	-835,081	2,705,318	9.00
10.00	01000	1,276,427	2,548,499	3,824,926	0	3,824,926	10.00
11.00	01100			0	0	0	11.00
12.00	01200			0	0	0	12.00
13.00	01300	3,407,667	995,631	4,403,298	-54,672	4,348,626	13.00
14.00	01400	731,840	835,217	1,567,057	-103,735	1,463,322	14.00
15.00	01500			0	0	0	15.00
16.00	01600	1,567,910	736,703	2,304,613	0	2,304,613	16.00
17.00	01700			0	0	0	17.00
19.00	01900			0	0	0	19.00
20.00	02000	1,583,856	675,222	2,259,078	0	2,259,078	20.00
20.01	02001	93,007	42,334	135,341	0	135,341	20.01
20.02	02002	50,362	17,968	68,330	0	68,330	20.02
20.03	02003	161,990	44,075	206,065	0	206,065	20.03
21.00	02100			0	0	0	21.00
22.00	02200			0	0	0	22.00
23.00	02300	108,581	23,536	132,117	37,009	169,126	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,590,237	6,460,751	22,050,988	-2,276,724	19,774,264	30.00
33.01	03301	1,683,334	2,502,559	4,185,893	-453,374	3,732,519	33.01
34.01	03401	1,464,056	1,854,017	3,318,073	-244,835	3,073,238	34.01
40.00	04000	444,212	266,802	711,014	10,553	721,567	40.00
41.00	04100	807,316	246,273	1,053,589	-2,347	1,051,242	41.00
43.00	04300	509,912	88,932	598,844	218,989	817,833	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,576,057	28,469,359	33,045,416	-22,068,602	10,976,814	50.00
52.00	05200			0	1,417,499	1,417,499	52.00
53.00	05300	6,508,469	2,770,377	9,278,846	160,120	9,438,966	53.00
54.00	05400	2,539,398	1,660,544	4,199,942	-619,201	3,580,741	54.00
54.01	05401	525,145	223,540	748,685	-38,176	710,509	54.01
54.03	05403	1,675,006	7,831,370	9,506,376	-5,464,995	4,041,381	54.03
55.00	05500	1,482,924	993,000	2,475,924	-292,887	2,183,037	55.00
55.01	05501	642,649	259,232	901,881	134,723	1,036,604	55.01
56.01	05601	298,448	1,000,711	1,299,159	-579	1,298,580	56.01
57.00	05700	574,953	749,898	1,324,851	-123,726	1,201,125	57.00
58.00	05800	356,011	263,606	619,617	-14,880	604,737	58.00
60.00	06000	3,608,130	6,510,047	10,118,177	-2,144	10,116,033	60.00
62.30	06250			0	0	0	62.30
63.00	06300	84	1,048,990	1,049,074	-6,108	1,042,966	63.00
65.00	06500	1,674,685	1,103,295	2,777,980	-90,089	2,687,891	65.00
66.00	06600	795,514	240,744	1,036,258	-2,717	1,033,541	66.00
66.01	06601	1,761,892	273,779	2,035,671	127	2,035,798	66.01
66.02	06602			0	0	0	66.02
67.00	06700	212,141	136,973	349,114	-194	348,920	67.00
68.00	06800	162,502	21,391	183,893	0	183,893	68.00
69.01	06901	655,527	438,839	1,094,366	47,263	1,141,629	69.01
69.02	06902			0	0	0	69.02
70.01	07001	466,568	238,586	705,154	-69,793	635,361	70.01
71.00	07100			0	12,999,974	12,999,974	71.00
72.00	07200			0	18,431,905	18,431,905	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

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

Worksheet A
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,647,725	26,873,885	29,521,610	-48,513	29,473,097	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	357,399	51,502	408,901	185	409,086	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	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	2,864,187	667,853	3,532,040	0	3,532,040	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,018,808	1,054,082	3,072,890	0	3,072,890	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	647,417	227,999	875,416	16,233	891,649	90.01
90.02	09002	DIABETES CENTER	171,472	25,998	197,470	0	197,470	90.02
91.00	09100	EMERGENCY	9,147,983	2,358,590	11,506,573	193,677	11,700,250	91.00
91.01	09101	G.I. LABORATORY	482,839	542,667	1,025,506	-293,443	732,063	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,022,502	242,819	1,265,321	27,336	1,292,657	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		6,284,056	6,284,056	-6,271,577	12,479	113.00
116.00	11600	HOSPICE	953,153	485,674	1,438,827	27,336	1,466,163	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,076,420	186,821,421	284,897,841	6,545	284,904,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE 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	6,377	6,377	0	6,377	193.03
193.04	19304	COMMUNITY WELLNESS	0	10,026	10,026	0	10,026	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	24,939,813	6,617,311	31,557,124	-6,545	31,550,579	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	514,351	4,701,783	5,216,134	0	5,216,134	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	642,747	3,948,288	4,591,035	0	4,591,035	193.11
193.13	19313	HEALTHPOINT	1,125,460	595,849	1,721,309	0	1,721,309	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	37,509	4,311	41,820	0	41,820	194.00
194.01	07951	FOUNDATION OFFICE	3,278	17,429	20,707	0	20,707	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	125,339,578	202,722,795	328,062,373	0	328,062,373	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

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

Worksheet A
Date/Time Prepared:
5/30/2019 9:10 am

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	1,913,390	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	202,801	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	465,283	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	337,038	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	175,687	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	463,674	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	830,547	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	-10,662	8,122,273	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,550,619	13,702,049	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,205,461	6,450,615	4.00
5.01	01160	COMMUNICATIONS	-97,580	340,235	5.01
5.02	00550	DATA PROCESSING	-2,276,980	8,675,060	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-348	772,976	5.03
5.04	00570	ADMITTING	0	2,758,575	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-2,500	6,002,401	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-8,318,558	25,164,187	5.06
6.00	00600	MAINTENANCE & REPAIRS	-3,288	3,777,655	6.00
7.00	00700	OPERATION OF PLANT	-730,223	3,236,722	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	835,081	8.00
9.00	00900	HOUSEKEEPING	-83,330	2,621,988	9.00
10.00	01000	DIETARY	-1,205,248	2,619,678	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	-187,011	4,161,615	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,463,322	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-117,375	2,187,238	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	-1,713,772	545,306	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	-135,341	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	-68,330	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	-189,535	16,530	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	169,126	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,737,679	14,036,585	30.00
33.01	03301	ADULT SPECIAL CARE	0	3,732,519	33.01
34.01	03401	CARDIOTHORACIC ICU	-220,167	2,853,071	34.01
40.00	04000	SUBPROVIDER - I PF	-345,503	376,064	40.00
41.00	04100	SUBPROVIDER - I RF	-140,027	911,215	41.00
43.00	04300	NURSERY	0	817,833	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-20,400	10,956,414	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,417,499	52.00
53.00	05300	ANESTHESIOLOGY	-8,366,662	1,072,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-49,092	3,531,649	54.00
54.01	05401	ULTRASOUND	0	710,509	54.01
54.03	05403	CARDIOVASCULAR LAB	-88,643	3,952,738	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-38,862	2,144,175	55.00
55.01	05501	CHEMOTHERAPY	0	1,036,604	55.01
56.01	05601	NUCLEAR MEDICINE	0	1,298,580	56.01
57.00	05700	CT SCAN	-8,000	1,193,125	57.00
58.00	05800	MRI	0	604,737	58.00
60.00	06000	LABORATORY	-1,191,018	8,925,015	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,042,966	63.00
65.00	06500	RESPIRATORY THERAPY	-18,544	2,669,347	65.00
66.00	06600	PHYSICAL THERAPY	0	1,033,541	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	-25	2,035,773	66.01
66.02	06602	PHYSIATRY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	348,920	67.00
68.00	06800	SPEECH PATHOLOGY	0	183,893	68.00
69.01	06901	CV DIAGNOSTIC	0	1,141,629	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	-34,841	600,520	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,999,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,431,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-634,879	28,838,218	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0110

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

Worksheet A
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
76.00	03950 CARDIAC REHAB	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	-141,720	267,366	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRIPSY	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	-58,137	3,473,903	88.01
88.02	08802 RURAL HEALTH CLINIC III	-26,396	3,046,494	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	-438,524	453,125	90.01
90.02	09002 DIABETES CENTER	0	197,470	90.02
91.00	09100 EMERGENCY	-6,686,318	5,013,932	91.00
91.01	09101 G. I. LABORATORY	-21,072	710,991	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY	0	1,292,657	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-12,479	0	113.00
116.00	11600 HOSPICE	-342	1,465,821	116.00
118.00				118.00
	SUBTOTALS (SUM OF LINES 1 through 117)	-42,074,253	242,830,133	
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.01	19101 RESPIRE 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	6,377	193.03
193.04	19304 COMMUNITY WELLNESS	0	10,026	193.04
193.05	19305 HOME INFUSION	0	0	193.05
193.06	19306 SE HOSP PHYSICIANS LLC	0	31,550,579	193.06
193.07	19307 GENERATIONS	0	0	193.07
193.08	19308 RETAIL PHARMACY	0	5,216,134	193.08
193.09	19309 OUTREACH LAB	0	0	193.09
193.10	19310 FOOT CLINIC	0	0	193.10
193.11	19311 MARKETING	-4,541,131	49,904	193.11
193.13	19313 HEALTHPOINT	0	1,721,309	193.13
193.14	19314 DOCTORS PARK	0	0	193.14
194.00	07950 JAZZMANS RESTAURANT	0	41,820	194.00
194.01	07951 FOUNDATION OFFICE	0	20,707	194.01
200.00				200.00
	TOTAL (SUM OF LINES 118 through 199)	-46,615,384	281,446,989	

		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	202,801	1.00
2.00	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	465,283	2.00
3.00	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	337,038	3.00
4.00	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	175,687	4.00
5.00	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	463,674	5.00
6.00	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	830,547	6.00
7.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	3,903,883	7.00
	O		0	6,378,913	
B - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,229,052	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,042,525	2.00
	O		0	6,271,577	
D - TO RECLASS SUPPLY EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,999,974	1.00
2.00	SOUTHEAST OUTPATIENT REHAB	66.01	0	127	2.00
3.00	CARDIAC REHABILITATION	76.97	0	185	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
	O		0	13,000,286	
E - TO RECLASS IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,861,898	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	O		0	17,861,898	
F - TO RECLASS HHA ADMIN COST					
1.00	HOME HEALTH AGENCY	101.00	27,336	0	1.00
2.00	HOSPICE	116.00	27,336	0	2.00
	O		54,672	0	
G - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CV DIAGNOSTIC	69.01	38,329	12,479	1.00
	O		38,329	12,479	
H - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CHEMOTHERAPY	55.01	178,328	28,666	1.00
	O		178,328	28,666	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
I - TO RECLASS WEST CAMPUS MOB TO PLANT					
1.00	OPERATION OF PLANT	7.00	0	6,545	1.00
	O		0	6,545	
J - TO RECLASS LABOR/ DELIVERY EXPENSE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,109,087	308,412	1.00
2.00	NURSERY	43.00	185,315	51,532	2.00
	O		1,294,402	359,944	
K - RECLASS PHYSICIAN BENEFITS					
1.00	ADULTS & PEDIATRICS	30.00	0	315,090	1.00
2.00	SUBPROVIDER - IPF	40.00	0	10,803	2.00
3.00	SUBPROVIDER - IRF	41.00	0	7,711	3.00
4.00	ANESTHESIOLOGY	53.00	0	557,220	4.00
5.00	CARDIOVASCULAR LAB	54.03	0	5,739	5.00
6.00	NEUROPHYSIOLOGY	70.01	0	2,574	6.00
7.00	HYPERBARIC WOUND CLINIC	90.01	0	30,910	7.00
8.00	G.I. LABORATORY	91.01	0	1,814	8.00
9.00	EMERGENCY	91.00	0	519,334	9.00
	O		0	1,451,195	
L - TO RECLASS INVENTORY ADJMT					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	570,007	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	570,007	
M - TO RECLASS LAUNDRY EXPENSE					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	835,081	1.00
	O		0	835,081	
O - RECLASS IT SALARIES TO COMMUNICATIO					
1.00	DATA PROCESSING	5.02	76,388	9,681	1.00
	O		76,388	9,681	
P - PHARMACY TEACHING SALARIES					
1.00	PHARMACY RESIDENCY	23.00	37,009	0	1.00
	O		37,009	0	
Q - BANKED MONITOR EXPENSE					
1.00	CARDIOTHORACIC ICU	34.01	1,770	178	1.00
	TOTALS		1,770	178	
500.00	Grand Total: Increases		1,680,898	46,786,450	500.00

RECLASSIFICATIONS

Provider CCN: 26-0110

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

Worksheet A-6
Date/Time Prepared:
5/30/2019 9:10 am

		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	6,378,913	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	6,378,913			
B - TO RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	6,271,577	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	6,271,577			
D - TO RECLASS SUPPLY EXPENSE							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	103,735	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	937,468	0		2.00
3.00	ADULT SPECIAL CARE	33.01	0	446,322	0		3.00
4.00	CARDIOTHORACIC ICU	34.01	0	246,783	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	250	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	10,058	0		6.00
7.00	NURSERY	43.00	0	17,858	0		7.00
8.00	OPERATING ROOM	50.00	0	7,148,684	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	396,960	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	543,374	0		10.00
11.00	ULTRASOUND	54.01	0	38,176	0		11.00
12.00	CARDIOVASCULAR LAB	54.03	0	1,998,857	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	85,893	0		13.00
14.00	CHEMOTHERAPY	55.01	0	72,271	0		14.00
15.00	NUCLEAR MEDICINE	56.01	0	579	0		15.00
16.00	CT SCAN	57.00	0	123,726	0		16.00
17.00	MRI	58.00	0	14,880	0		17.00
18.00	LABORATORY	60.00	0	2,144	0		18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,108	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	90,089	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	2,717	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	194	0		22.00
23.00	CV DIAGNOSTIC	69.01	0	3,545	0		23.00
24.00	NEUROPHYSIOLOGY	70.01	0	72,367	0		24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,504	0		25.00
26.00	HYPERBARIC WOUND CLINIC	90.01	0	14,677	0		26.00
27.00	EMERGENCY	91.00	0	324,498	0		27.00
28.00	G.I. LABORATORY	91.01	0	286,569	0		28.00
	0		0	13,000,286			
E - TO RECLASS IMPLANTABLES							
1.00	EMERGENCY	91.00	0	1,159	0		1.00
2.00	ADULT SPECIAL CARE	33.01	0	5,104	0		2.00
3.00	OPERATING ROOM	50.00	0	14,382,613	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,827	0		4.00
5.00	CARDIOVASCULAR LAB	54.03	0	3,388,507	0		5.00
6.00	G.I. LABORATORY	91.01	0	8,688	0		6.00
	0		0	17,861,898			
F - TO RECLASS HHA ADMIN COST							
1.00	NURSING ADMINISTRATION	13.00	54,672	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		54,672	0			
G - TO RECLASS ADMIN TO APPROP DEPT							
1.00	CARDIOVASCULAR LAB	54.03	38,329	12,479	0		1.00
	0		38,329	12,479			
H - TO RECLASS ADMIN TO APPROP DEPT							
1.00	RADIOLOGY-THERAPEUTIC	55.00	178,328	28,666	0		1.00
	0		178,328	28,666			
I - TO RECLASS WEST CAMPUS MOB TO PLANT							
1.00	SE HOSP PHYSICIANS LLC	193.06	0	6,545	0		1.00
	0		0	6,545			
J - TO RECLASS LABOR/ DELIVERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	1,294,402	359,944	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,294,402	359,944			
K - RECLASS PHYSICIAN BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,451,195	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

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	0.00	0	0	0	0		5.00
6.00	0.00	0	0	0	0		6.00
7.00	0.00	0	0	0	0		7.00
8.00	0.00	0	0	0	0		8.00
9.00	0.00	0	0	0	0		9.00
			1,451,195				
L - TO RECLASS INVENTORY ADJMT							
1.00	OPERATING ROOM	50.00	0	537,305	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	140	0		2.00
3.00	CARDIOVASCULAR LAB	54.03	0	32,562	0		3.00
			0	570,007			
M - TO RECLASS LAUNDRY EXPENSE							
1.00	HOUSEKEEPING	9.00	0	835,081	0		1.00
			0	835,081			
O - RECLASS IT SALARIES TO COMMUNICATIONS							
1.00	COMMUNICATIONS	5.01	76,388	9,681	0		1.00
			76,388	9,681			
P - PHARMACY TEACHING SALARIES							
1.00	DRUGS CHARGED TO PATIENTS	73.00	37,009	0	0		1.00
			37,009	0			
Q - BANKED MONITOR EXPENSE							
1.00	ADULT SPECIAL CARE	33.01	1,770	178	0		1.00
	TOTALS		1,770	178			
500.00	Grand Total: Decreases		1,680,898	46,786,450			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2019 9:10 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,580,441	0	0	0	1.00
2.00	Land Improvements	13,127,498	103,149	0	103,149	2.00
3.00	Buildings and Fixtures	199,907,192	4,054,846	0	4,054,846	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	115,256,444	13,769,893	0	13,769,893	6.00
7.00	HIT designated Assets	4,716,527	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	350,588,102	17,927,888	0	17,927,888	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	350,588,102	17,927,888	0	17,927,888	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	13,230,647	0			2.00
3.00	Buildings and Fixtures	203,962,038	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	121,509,865	0			6.00
7.00	HIT designated Assets	4,713,528	0			7.00
8.00	Subtotal (sum of lines 1-7)	360,996,519	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	360,996,519	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,292,303	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	10,108,905	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,401,208	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	8,292,303				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	10,108,905				2.00
3.00	Total (sum of lines 1-2)	0	18,401,208				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0110

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2019 9:10 am

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	234,773,126	0	234,773,126	0.650347	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	126,223,393	0	126,223,393	0.349653	0	2.00
3.00	Total (sum of lines 1-2)	360,996,519	0	360,996,519	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	1,913,390	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	202,801	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	465,283	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	337,038	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	175,687	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	463,674	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	830,547	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	3,903,883	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,665,146	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,957,449	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	1,913,390	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	202,801	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	465,283	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	337,038	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	175,687	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	463,674	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	830,547	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	4,218,390	0	0	0	8,122,273	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	2,036,903	0	0	0	13,702,049	2.00
3.00	Total (sum of lines 1-2)	6,255,293	0	0	0	26,212,742	3.00

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)			0	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	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	-37,166		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	-22,069,259				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	-11,983,157				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,163,563		DIETARY	10.00	0	14.00
15.00 Rental of quarters to employees 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	-38,277		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-117,375		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-1,594,515		NURSING SCHOOL	20.00	0	19.00
20.00 Vending machines	B	-11,078		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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #2		0	NEW CAP-REL CSTS-BLDGS & FIX #2		1.01	0	26.01
26.02 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #3		0	NEW CAP-REL CSTS-BLDGS & FIX #3		1.02	0	26.02
26.03 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #4		0	NEW CAP-REL CSTS-BLDGS & FIX #4		1.03	0	26.03
26.04 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #5		0	NEW CAP-REL CSTS-BLDGS & FIX #5		1.04	0	26.04
26.05 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #6		0	NEW CAP-REL CSTS-BLDGS & FIX #6		1.05	0	26.05
26.06 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #7		0	NEW CAP-REL CSTS-BLDGS & FIX #7		1.06	0	26.06
26.07 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #8		0	NEW CAP-REL CSTS-BLDGS & FIX #8		1.07	0	26.07
26.08 Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #9		0	NEW CAP-REL CSTS-BLDGS & FIX #9		1.08	0	26.08
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-5,622	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 MODISCOUNT ON PAYROLL	B	-24,370	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
34.00 MISC PAYMNETS OTHER OPERATING	B	-2,481	OTHER ADMINISTRATIVE & GENERAL		5.06	0	34.00
35.00 MISC OTHER REVENUE	B	-54	OTHER ADMINISTRATIVE & GENERAL		5.06	0	35.00
36.00 GARNISHMENT FEES/BADGES	B	-1,787	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	-149,181	OTHER ADMINISTRATIVE & GENERAL		5.06	0	38.00
39.00 OTHER UNALLOWABLE PHYSICIAN - LOAN F	A	-720,906	OTHER ADMINISTRATIVE & GENERAL		5.06	0	39.00
40.00 AHA DUES USED FOR LOBBYING	A	-52,120	OTHER ADMINISTRATIVE & GENERAL		5.06	0	40.00
41.00 MISC INCOME - PURCHASING	B	-348	PURCHASING RECEIVING AND STORES		5.03	0	41.00
42.00 MISC INCOME	B	-2,500	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	42.00
43.00 MISC INCOME - OTHER A&G	B	-2,764	OTHER ADMINISTRATIVE & GENERAL		5.06	0	43.00
44.00 MISC INCOME - HOUSEKEEPING	B	-83,330	HOUSEKEEPING		9.00	0	44.00
45.00 MISC INCOME - DIETARY	B	-762	DIETARY		10.00	0	45.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
45.01 MISC INCOME - ADULTS & PEDS	B	-6,370	ADULTS & PEDIATRICS	30.00	0	45.01
45.02 MISC INCOME - MAINTENANCE	B	-3,288	MAINTENANCE & REPAIRS	6.00	0	45.02
45.03 MISC INCOME - OR	B		OPERATING ROOM	50.00	0	45.03
45.04 MISC INCOME - RADIOLOGY	B	-49,092	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05 MISC INCOME - RADIOLOGY	B	-2,137	CARDIOVASCULAR LAB	54.03	0	45.05
45.06 MISC INCOME - THERAPEUTIC RADIOLOGY	B	-38,862	RADIOLOGY-THERAPEUTIC	55.00	0	45.06
45.07 MISC INCOME - NUCLEAR MEDICINE	B	-8,000	CT SCAN	57.00	0	45.07
46.00 MISC INCOME - LABORATORY	B	-21,030	LABORATORY	60.00	0	46.00
47.00 MISC INCOME RESPIRATORY	B	-18,544	RESPIRATORY THERAPY	65.00	0	47.00
49.00 MISC INCOME OP REHAB	B	-25	SOUTHEAST OUTPATIENT REHAB	66.01	0	49.00
49.01 MISC INCOME - CARDIAC REHAB	B	-141,720	CARDIAC REHABILITATION	76.97	0	49.01
49.02 MISC INCOME - HOSPICE	B	-342	HOSPICE	116.00	0	49.02
49.03 NONPATIENT LAB	B	-1,035,060	LABORATORY	60.00	0	49.03
49.04 SCHOOL OF RAD TECH TUITION	A	-189,535	SCHOOL OF RADIOLOGICAL TECHNOLOGY	20.03	0	49.04
49.05 SCHOOL OF SURG TECH TUITION	A	-68,330	SCHOOL OF SURGICAL TECHNOLOGY	20.02	0	49.05
49.06 SCHOOL OF MED TECH TUITION	B	-135,341	SCHOOL OF MEDICAL TECHNOLOGY	20.01	0	49.06
49.07 340B DRUG PROGRAM	B	-596,602	DRUGS CHARGED TO PATIENTS	73.00	0	49.07
49.08 PRISONER MEALS	B	-29,845	DIETARY	10.00	0	49.08
49.09 INTEREST	B	-10,662	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	11	49.09
49.10 RENTAL INCOME	B	-691,422	OPERATION OF PLANT	7.00	0	49.10
49.11 HOSPITALIST EXPENSE - SALARY	A	-33,157	ADULTS & PEDIATRICS	30.00	0	49.11
49.12 HOSPITALIST EXPENSE - OTHER	A	-53,813	ADULTS & PEDIATRICS	30.00	0	49.12
49.13 ANESTHESIA - PROF - SALARY	A		ANESTHESIOLOGY	53.00	0	49.13
49.14 ANESTHESIA - PROF - OTHER	A	-70,028	ANESTHESIOLOGY	53.00	0	49.14
49.15 SELF-INSURED COST	A	-3,733,586	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.15
49.16 MHA EXPENSE	A	-327,111	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.16
49.17 MHA PAID TO POOL	A	-853,272	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.17
49.18 REAL ESTATE TAXES	A	-233,805	OPERATION OF PLANT	7.00	0	49.18
49.19 RHC PHYSICIANS - HOSPITAL TIME	A	-58,137	RURAL HEALTH CLINIC II	88.01	0	49.19
49.20 RHC PHYSICIANS - HOSPITAL TIME	A	-26,396	RURAL HEALTH CLINIC III	88.02	0	49.20
49.22 SCHOOL OF NURSING - SETTLEMENTS	A	-119,257	NURSING SCHOOL	20.00	0	49.22
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-46,615,384				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 01/01/2018 To 12/31/2018
 Worksheet A-8-1
 Date/Time Prepared: 5/30/2019 9:10 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:					
1.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	6,085,133	4,528,892 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	2,917,470	3,093,243 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	1,269,672	1,541,404 3.00
4.00	5.01	COMMUNICATIONS	HOME OFFICE COSTS	282,284	342,698 4.00
4.01	5.02	DATA PROCESSING	HOME OFFICE COSTS	10,639,226	12,916,206 4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE COSTS	9,451,421	11,474,189 4.02
4.03	7.00	OPERATION OF PLANT	HOME OFFICE COSTS	177,840	215,901 4.03
4.04	13.00	NURSING ADMINISTRATION	HOME OFFICE COSTS	873,810	1,060,821 4.04
4.05	113.00	INTEREST EXPENSE	HOME OFFICE COSTS	58,307	70,786 4.05
4.06	193.11	MARKETING	HOME OFFICE COSTS	0	4,541,131 4.06
4.07	5.06	OTHER ADMINISTRATIVE & GENER	INTERNAL RENT ALLOCATION	0	4,186,114 4.07
4.08	7.00	OPERATION OF PLANT	INTERNAL RENT ALLOCATION	0	-233,065 4.08
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			31,755,163	43,738,320 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	Name	Percentage of Ownership	Related Organization(s) and/or Home Office
1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	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

(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 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 9:10 am

	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	1,556,241	9		1.00
2.00	-175,773	0		2.00
3.00	-271,732	0		3.00
4.00	-60,414	0		4.00
4.01	-2,276,980	0		4.01
4.02	-2,022,768	0		4.02
4.03	-38,061	0		4.03
4.04	-187,011	0		4.04
4.05	-12,479	0		4.05
4.06	-4,541,131	0		4.06
4.07	-4,186,114	0		4.07
4.08	233,065	0		4.08
5.00	-11,983,157			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 requested 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 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/30/2019 9:10 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	5,668,047	5,624,243	43,804	211,500	224	1.00
2.00	40.00	SUBPROVIDER - IPF	345,503	345,503	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	186,801	111,217	75,584	211,500	460	3.00
4.00	50.00	OPERATING ROOM	20,400	20,400	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	8,347,317	8,243,192	104,125	211,500	483	5.00
6.00	54.03	CARDIOVASCULAR LAB	87,825	82,290	5,535	211,500	12	6.00
7.00	60.00	LABORATORY	134,928	134,928	0	0	0	7.00
8.00	70.01	NEUROPHYSIOLOGY	34,841	34,841	0	0	0	8.00
9.00	90.01	HYPERBARIC WOUND CLINIC	438,524	438,524	0	0	0	9.00
10.00	91.00	EMERGENCY	6,924,088	6,411,798	512,290	211,500	2,121	10.00
11.00	91.01	G.I. LABORATORY	26,461	0	26,461	211,500	53	11.00
12.00	34.01	CARDIOTHORACIC ICU	220,167	220,167	0	0	0	12.00
200.00			22,434,902	21,667,103	767,799		3,353	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	22,777	1,139	0	0	120,410	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	6,583	2.00
3.00	41.00	SUBPROVIDER - IRF	46,774	2,339	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	49,113	2,456	0	0	125,873	5.00
6.00	54.03	CARDIOVASCULAR LAB	1,220	61	0	0	1,565	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	70.01	NEUROPHYSIOLOGY	0	0	0	0	0	8.00
9.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	0	10,137	9.00
10.00	91.00	EMERGENCY	215,669	10,783	0	0	298,718	10.00
11.00	91.01	G.I. LABORATORY	5,389	269	0	0	0	11.00
12.00	34.01	CARDIOTHORACIC ICU	0	0	0	0	0	12.00
200.00			340,942	17,047	0	0	563,286	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	931	23,708	20,096	5,644,339	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	345,503	2.00
3.00	41.00	SUBPROVIDER - IRF	0	46,774	28,810	140,027	3.00
4.00	50.00	OPERATING ROOM	0	0	0	20,400	4.00
5.00	53.00	ANESTHESIOLOGY	1,570	50,683	53,442	8,296,634	5.00
6.00	54.03	CARDIOVASCULAR LAB	99	1,319	4,216	86,506	6.00
7.00	60.00	LABORATORY	0	0	0	134,928	7.00
8.00	70.01	NEUROPHYSIOLOGY	0	0	0	34,841	8.00
9.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	438,524	9.00
10.00	91.00	EMERGENCY	22,101	237,770	274,520	6,686,318	10.00
11.00	91.01	G.I. LABORATORY	0	5,389	21,072	21,072	11.00
12.00	34.01	CARDIOTHORACIC ICU	0	0	0	220,167	12.00
200.00			24,701	365,643	402,156	22,069,259	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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	1,913,390	1,913,390				1.00
1.01 00101	NEW CAP-REL CSTS-BLDGS & FIX #2	202,801	0	202,801			1.01
1.02 00102	NEW CAP-REL CSTS-BLDGS & FIX #3	465,283	0	0	465,283		1.02
1.03 00103	NEW CAP-REL CSTS-BLDGS & FIX #4	337,038	0	0	0	337,038	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	175,687	0	0	0	0	1.05
1.06 00106	NEW CAP-REL CSTS-BLDGS & FIX #7	463,674	0	0	0	0	1.06
1.07 00107	NEW CAP-REL CSTS-BLDGS & FIX #8	830,547	0	0	0	0	1.07
1.08 00108	NEW CAP-REL CSTS-BLDGS & FIX #9	8,122,273	0	0	0	0	1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,702,049					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,450,615	0	0	0	0	4.00
5.01 01160	COMMUNICATIONS	340,235	21,449	0	0	0	5.01
5.02 00550	DATA PROCESSING	8,675,060	0	2,715	1,577	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	772,976	0	4,415	46,075	0	5.03
5.04 00570	ADMINISTRATIVE	2,758,575	0	14,235	0	18,305	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,002,401	69,261	0	0	7,400	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	25,164,187	304,748	13,425	0	25,528	5.06
6.00 00600	MAINTENANCE & REPAIRS	3,777,655	0	0	12,067	38,780	6.00
7.00 00700	OPERATION OF PLANT	3,236,722	127,798	8,572	37,641	14,447	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	835,081	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,621,988	0	7,502	9,576	3,740	9.00
10.00 01000	DIETARY	2,619,678	0	14,076	0	67,044	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	4,161,615	247,440	10,669	5,519	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,463,322	0	736	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,187,238	0	0	0	26,166	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	545,306	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 TECHNOLOGY	16,530	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	169,126	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	14,036,585	174,716	46,991	290,573	88,553	30.00
33.01 03301	ADULT SPECIAL CARE	3,732,519	0	0	0	0	33.01
34.01 03401	CARDIOTHORACIC ICU	2,853,071	0	0	0	0	34.01
40.00 04000	SUBPROVIDER - I/PF	376,064	0	0	59,924	0	40.00
41.00 04100	SUBPROVIDER - I/RF	911,215	0	29,510	0	0	41.00
43.00 04300	NURSERY	817,833	0	0	0	10,370	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	10,956,414	0	0	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,417,499	0	12,892	0	19,339	52.00
53.00 05300	ANESTHESIOLOGY	1,072,304	0	3,767	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,531,649	0	0	0	0	54.00
54.01 05401	ULTRASOUND	710,509	0	0	0	0	54.01
54.03 05403	CARDIOVASCULAR LAB	3,952,738	0	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,144,175	0	0	0	0	55.00
55.01 05501	CHEMOTHERAPY	1,036,604	0	0	0	0	55.01
56.01 05601	NUCLEAR MEDICINE	1,298,580	0	0	0	0	56.01
57.00 05700	CT SCAN	1,193,125	0	0	0	0	57.00
58.00 05800	MRI	604,737	0	0	0	0	58.00
60.00 06000	LABORATORY	8,925,015	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.	1,042,966	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,669,347	126,681	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	1,033,541	0	0	0	0	66.00
66.01 06601	SOUTHEAST OUTPATIENT REHAB	2,035,773	0	0	0	0	66.01
66.02 06602	PHYSIATRY	0	0	0	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	348,920	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	183,893	0	0	0	0	68.00
69.01 06901	CV DIAGNOSTIC	1,141,629	0	0	0	0	69.01
69.02 06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01 07001	NEUROPHYSIOLOGY	600,520	381,047	0	0	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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	12,999,974	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,431,905	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,838,218	460,250	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	267,366	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRIPSY	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	3,473,903	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	3,046,494	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	453,125	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	197,470	0	0	0	0	90.02
91.00	09100	EMERGENCY	5,013,932	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	710,991	0	30,456	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,292,657	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,465,821	0	0	2,331	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	242,830,133	1,913,390	199,961	465,283	319,672	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPI TE CARE	0	0	0	0	0	191.01
193.01	19301	VENDI NG MACHI NES	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	6,377	0	1,420	0	8,683	193.03
193.04	19304	COMMUNI TY WELLNESS	10,026	0	1,420	0	8,683	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSI CI ANS LLC	31,550,579	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAI L PHARMACY	5,216,134	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINI C	0	0	0	0	0	193.10
193.11	19311	MARKETING	49,904	0	0	0	0	193.11
193.13	19313	HEALTHPOI NT	1,721,309	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	41,820	0	0	0	0	194.00
194.01	07951	FOUNDATI ON OFFICE	20,707	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)	281,446,989	1,913,390	202,801	465,283	337,038	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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	175,687			1.05	
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	463,674		1.06	
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	830,547	1.07	
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	8,122,273	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	53,003	0	0	50,020	4.00
5.01	01160	COMMUNICATIONS	0	0	2,269	0	8,065	5.01
5.02	00550	DATA PROCESSING	0	7,825	7,387	0	157,805	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	159,518	5.03
5.04	00570	ADMINISTRATIVE	0	14,252	0	0	87,590	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	74,843	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	9,809	8,541	4,374	183,043	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	69,198	160,752	6.00
7.00	00700	OPERATION OF PLANT	0	21,919	76,781	0	363,277	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	106	8.00
9.00	00900	HOUSEKEEPING	0	0	1,086	2,827	35,411	9.00
10.00	01000	DIETARY	0	0	0	0	137,982	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	52,305	1,735	0	147,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	41,529	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	37,964	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	149,899	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	10,757	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	10,183	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	0	23,334	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	146,378	0	844,501	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	51,663	0	113,403	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	142,754	192,375	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	25,068	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	85,345	41.00
43.00	04300	NURSERY	0	0	0	0	15,045	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	82,220	166,465	444,653	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	65,331	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,914	84,898	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,952	151,452	54.00
54.01	05401	ULTRASOUND	0	0	0	11,844	15,960	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	22,220	44,484	173,105	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	169,252	508,154	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	227,551	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	15,807	94,198	56.01
57.00	05700	CT SCAN	0	0	0	8,717	45,476	57.00
58.00	05800	MRI	0	0	0	0	51,945	58.00
60.00	06000	LABORATORY	0	0	44,018	8,069	162,082	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	1,600	0	3,511	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,162	29,803	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,473	0	18,599	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	202,100	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,745	0	3,830	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	873	0	1,915	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,266	4,114	47,668	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,419	0	48,126	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

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From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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	1,263	45,540	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	16,574	0	0	15,641	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	222,146	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	120,585	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	61,319	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	52,871	90.02
91.00	09100	EMERGENCY	0	0	0	96,351	129,842	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	88,079	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	34,964	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	34,964	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	175,687	463,674	830,547	6,301,809	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPI TE 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	41,497	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	904,801	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	20,748	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	7,618	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	78,237	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	741,728	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	5,395	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	20,440	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	175,687	463,674	830,547	8,122,273	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	
	MVBLE EQUIP						
	2.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02 00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03 00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04 00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05 00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06 00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07 00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08 00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,702,049					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	585,192	7,138,830				4.00
5.01 01160	COMMUNICATIONS	122,163	6,244	500,425			5.01
5.02 00550	DATA PROCESSING	4,992,854	5,474	15,441	13,866,138	13,866,138	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	107,260	53,841	4,093	1,148,178	68,315	5.03
5.04 00570	ADMINISTRATIVE	3,154	153,336	10,604	3,060,051	182,070	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	291,224	127,709	12,278	6,585,116	391,808	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	604,187	228,461	36,834	26,583,137	1,581,670	5.06
6.00 00600	MAINTENANCE & REPAIRS	72,575	149,152	10,046	4,290,225	255,264	6.00
7.00 00700	OPERATION OF PLANT	103,965	0	0	3,991,122	237,468	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	835,187	49,693	8.00
9.00 00900	HOUSEKEEPING	25,431	139,641	4,279	2,851,481	169,660	9.00
10.00 01000	DIETARY	18,072	91,470	5,395	2,953,717	175,743	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	86,046	199,995	8,371	4,921,381	292,817	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	380,385	52,444	2,790	1,941,206	115,500	14.00
15.00 01500	PHARMACY	0	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,209	112,358	0	2,364,935	140,711	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	36,869	113,501	6,883	852,458	50,720	20.00
20.01 02001	SCHOOL OF MEDICAL TECHNOLOGY	148	6,665	0	17,570	1,045	20.01
20.02 02002	SCHOOL OF SURGICAL TECHNOLOGY	518	3,609	0	14,310	851	20.02
20.03 02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	116	11,608	0	51,588	3,069	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	10,433	0	179,559	10,684	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	267,651	761,479	69,207	16,726,634	995,218	30.00
33.01 03301	ADULT SPECIAL CARE	83,050	120,503	7,441	4,108,579	244,456	33.01
34.01 03401	CARDIOTHORACIC ICU	176,161	91,063	5,581	3,461,005	205,926	34.01
40.00 04000	SUBPROVIDER - IPF	6,474	22,743	0	490,273	29,171	40.00
41.00 04100	SUBPROVIDER - IRF	18,127	50,898	7,627	1,102,722	65,611	41.00
43.00 04300	NURSERY	42,950	49,821	558	936,577	55,725	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,128,131	327,925	25,486	13,131,294	781,299	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	28,267	79,478	3,535	1,626,341	96,766	52.00
53.00 05300	ANESTHESIOLOGY	252,102	12,489	8,371	1,488,845	88,585	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	635,138	181,976	18,417	4,535,584	269,863	54.00
54.01 05401	ULTRASOUND	12,906	37,632	930	789,781	46,991	54.01
54.03 05403	CARDIOVASCULAR LAB	566,327	111,809	6,697	4,877,380	290,199	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	766,372	93,489	9,488	3,690,930	219,607	55.00
55.01 05501	CHEMOTHERAPY	44,716	58,832	4,651	1,372,354	81,654	55.01
56.01 05601	NUCLEAR MEDICINE	8,126	21,387	1,674	1,439,772	85,665	56.01
57.00 05700	CT SCAN	465,014	41,202	1,116	1,754,650	104,400	57.00
58.00 05800	MRI	48,731	25,512	2,604	733,529	43,644	58.00
60.00 06000	LABORATORY	310,591	258,562	13,766	9,722,103	578,455	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	930	1,049,013	62,415	63.00
65.00 06500	RESPIRATORY THERAPY	161,903	120,010	5,023	3,125,929	185,990	65.00
66.00 06600	PHYSICAL THERAPY	387	57,007	4,465	1,122,472	66,786	66.00
66.01 06601	SOUTHEAST OUTPATIENT REHAB	9,235	126,259	16,371	2,389,738	142,187	66.01
66.02 06602	PHYSIATRY	0	0	0	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	4,149	15,202	372	374,218	22,266	67.00
68.00 06800	SPEECH PATHOLOGY	1,052	11,645	0	199,378	11,863	68.00
69.01 06901	CV DIAGNOSTIC	91,547	49,722	8,743	1,347,689	80,186	69.01
69.02 06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01 07001	NEUROPHYSIOLOGY	55,568	31,222	5,209	1,124,111	66,883	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,999,974	773,485	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,431,905	1,096,680	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING		
	MVBLE EQUIP							
	2.00	4.00						
73.00 07300 DRUGS CHARGED TO PATIENTS	322,541	187,087	5,953	29,860,852	1,776,803	73.00		
76.00 03950 CARDIAC REHAB	0	0	0	0	0	76.00		
76.97 07697 CARDIAC REHABILITATION	17,081	25,612	1,488	343,762	20,453	76.97		
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98		
76.99 07699 LI THOTRI PSY	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	41,180	205,251	9,674	3,952,154	235,149	88.01		
88.02 08802 RURAL HEALTH CLINIC III	15,371	144,670	8,371	3,335,491	198,458	88.02		
90.01 09001 HYPERBARIC WOUND CLINIC	25,329	19,194	3,907	562,874	33,490	90.01		
90.02 09002 DIABETES CENTER	1,956	12,288	1,674	266,259	15,842	90.02		
91.00 09100 EMERGENCY	81,746	234,873	14,696	5,571,440	331,495	91.00		
91.01 09101 G. I. LABORATORY	213,723	32,921	5,953	1,082,123	64,385	91.01		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00		
OTHER REIMBURSABLE COST CENTERS								
101.00 10100 HOME HEALTH AGENCY	2,235	75,232	5,209	1,410,297	83,911	101.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE						113.00		
116.00 11600 HOSPICE	352	70,263	5,023	1,578,754	93,934	116.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		13,337,557	5,231,205	407,224	238,624,145	13,372,984	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
191.01 19101 RESPI TE CARE	0	0	0	0	0	191.01		
193.01 19301 VENDI NG MACHI NES	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	3,470	0	2,046	63,493	3,778	193.03		
193.04 19304 COMMUNI TY WELLNESS	0	0	0	20,129	1,198	193.04		
193.05 19305 HOME INFUSION	0	0	0	0	0	193.05		
193.06 19306 SE HOSP PHYSICI ANS LLC	227,666	1,787,191	64,181	34,534,418	0	193.06		
193.07 19307 GENERATI ONS	0	0	0	0	0	193.07		
193.08 19308 RETAI L PHARMACY	7,218	36,859	2,046	5,283,005	314,334	193.08		
193.09 19309 OUTREACH LAB	0	0	0	7,618	453	193.09		
193.10 19310 FOOT CLI NIC	0	0	0	0	0	193.10		
193.11 19311 MARKETI NG	11,761	0	4,279	144,181	8,579	193.11		
193.13 19313 HEALTHPOI NT	102,200	80,652	18,603	2,664,492	158,535	193.13		
193.14 19314 DOCTORS PARK	0	0	0	0	0	193.14		
194.00 07950 JAZZMANS RESTAURANT	11,750	2,688	372	62,025	3,690	194.00		
194.01 07951 FOUNDATI ON OFFICE	427	235	1,674	43,483	2,587	194.01		
200.00	Cross Foot Adjustments			0		200.00		
201.00	Negati ve Cost Centers			0		201.00		
202.00	TOTAL (sum lines 118 through 201)		13,702,049	7,138,830	500,425	281,446,989	13,866,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	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	1,216,493					5.03
5.04	00570	ADMINITTING	147	3,242,268				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	299	0	6,977,223			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	390	0	0	28,165,197	28,165,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	81	0	0	4,545,570	505,472	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,228,590	470,223	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	884,880	98,400	8.00
9.00	00900	HOUSEKEEPING	125	0	0	3,021,266	335,968	9.00
10.00	01000	DIETARY	2	0	0	3,129,462	347,999	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	908	0	0	5,215,106	579,925	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46	0	0	2,056,752	228,713	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	711	0	0	2,506,357	278,709	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	268	0	0	903,446	100,464	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	1	0	0	18,616	2,070	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	3	0	0	15,164	1,686	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	54,657	6,078	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	190,243	21,155	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	718	121,682	261,885	18,106,137	2,013,421	30.00
33.01	03301	ADULT SPECIAL CARE	69	25,208	54,253	4,432,565	492,906	33.01
34.01	03401	CARDIOTHORACIC ICU	166	14,714	31,668	3,713,479	412,943	34.01
40.00	04000	SUBPROVIDER - I/PF	20	2,787	5,999	528,250	58,742	40.00
41.00	04100	SUBPROVIDER - I/RF	46	4,733	10,186	1,183,298	131,584	41.00
43.00	04300	NURSERY	8	6,770	14,571	1,013,651	112,719	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	261	366,308	788,375	15,067,537	1,675,525	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50	16,743	36,035	1,775,935	197,486	52.00
53.00	05300	ANESTHESIOLOGY	16	86,074	185,249	1,848,769	205,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	389	90,312	194,371	5,090,519	566,071	54.00
54.01	05401	ULTRASOUND	0	37,726	81,195	955,693	106,274	54.01
54.03	05403	CARDIOVASCULAR LAB	77	110,311	237,413	5,515,380	613,316	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	207	55,615	119,695	4,086,054	454,373	55.00
55.01	05501	CHEMOTHERAPY	43	16,035	34,511	1,504,597	167,313	55.01
56.01	05601	NUCLEAR MEDICINE	32	48,852	105,140	1,679,461	186,758	56.01
57.00	05700	CT SCAN	0	172,000	370,181	2,401,231	267,019	57.00
58.00	05800	MRI	6	63,364	136,373	976,916	108,634	58.00
60.00	06000	LABORATORY	295	287,679	619,146	11,207,678	1,246,305	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7	25,254	54,352	1,191,041	132,445	63.00
65.00	06500	RESPIRATORY THERAPY	45	120,750	259,881	3,692,595	410,620	65.00
66.00	06600	PHYSICAL THERAPY	25	26,397	56,812	1,272,492	141,502	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	87	36,412	78,367	2,646,791	294,326	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	10,161	21,869	428,514	47,651	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,962	12,831	230,034	25,580	68.00
69.01	06901	CV DIAGNOSTIC	78	92,060	198,133	1,718,146	191,060	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	43	57,280	123,280	1,371,597	152,523	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	500,083	333,048	716,791	15,323,381	1,703,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	709,031	362,588	780,367	21,380,571	2,377,541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	224	456,954	982,628	33,077,461	3,678,247	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 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
76.97	07697	CARDIAC REHABILITATION	30	3,067	6,600	373,912	41,579	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	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	191	15,053	32,398	4,234,945	470,930	88.01
88.02	08802	RURAL HEALTH CLINIC III	108	15,329	32,992	3,582,378	398,364	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	74	15,892	34,202	646,532	71,895	90.01
90.02	09002	DIABETES CENTER	42	310	666	283,119	31,483	90.02
91.00	09100	EMERGENCY	305	104,777	225,502	6,233,519	693,174	91.00
91.01	09101	G. I. LABORATORY	38	25,606	55,110	1,227,262	136,473	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	56	4,063	8,744	1,507,071	167,588	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	55	4,392	9,452	1,686,587	187,550	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,215,906	3,242,268	6,977,223	238,130,404	23,348,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE 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	67,271	7,481	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	21,327	2,372	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	34,534,418	3,840,266	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	53	0	0	5,597,392	622,436	193.08
193.09	19309	OUTREACH LAB	0	0	0	8,071	898	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	202	0	0	152,962	17,010	193.11
193.13	19313	HEALTHPOINT	182	0	0	2,823,209	313,944	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	65,715	7,308	194.00
194.01	07951	FOUNDATION OFFICE	150	0	0	46,220	5,140	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)	1,216,493	3,242,268	6,977,223	281,446,989	28,165,197	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	5,051,042					6.00
7.00	00700	OPERATION OF PLANT	16,371	4,715,184				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	73	983,353			8.00
9.00	00900	HOUSEKEEPING	71,622	24,278	0	3,453,134		9.00
10.00	01000	DIETARY	102,999	94,602	0	72,140	3,747,202	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,102,287	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	37,516	101,255	0	77,214	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,523	28,472	0	21,712	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,689	26,029	0	19,849	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	246,243	102,772	0	78,371	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	7,375	0	5,624	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	6,981	0	5,324	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	15,998	0	12,200	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	1,227,120	578,998	241,080	441,528	1,319,958	30.00
33.01	03301	ADULT SPECIAL CARE	231,236	77,750	36,631	59,290	81,142	33.01
34.01	03401	CARDIOTHORACIC ICU	177,349	131,894	30,616	100,578	83,976	34.01
40.00	04000	SUBPROVIDER - I/PF	39,563	17,187	2,978	13,106	38,365	40.00
41.00	04100	SUBPROVIDER - I/RF	75,032	58,513	23,184	44,620	87,142	41.00
43.00	04300	NURSERY	47,748	10,315	5,623	7,866	23	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	542,279	304,859	252,339	232,476	15,188	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,079	44,791	33,655	34,157	0	52.00
53.00	05300	ANESTHESIOLOGY	7,503	58,207	0	44,387	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,442	103,837	107,066	79,183	46	54.00
54.01	05401	ULTRASOUND	4,093	10,943	0	8,344	0	54.01
54.03	05403	CARDIOVASCULAR LAB	101,635	118,683	24,067	90,504	389	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	92,767	348,395	27,540	265,676	0	55.00
55.01	05501	CHEMOTHERAPY	45,019	156,011	0	118,969	0	55.01
56.01	05601	NUCLEAR MEDICINE	5,457	64,583	0	49,249	994	56.01
57.00	05700	CT SCAN	9,550	31,179	0	23,776	0	57.00
58.00	05800	MRI	36,152	35,614	10,725	27,158	0	58.00
60.00	06000	LABORATORY	75,032	111,125	89	80,552	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,046	2,407	0	1,836	0	63.00
65.00	06500	RESPIRATORY THERAPY	20,463	20,433	0	15,582	0	65.00
66.00	06600	PHYSICAL THERAPY	74,350	12,752	2,699	9,724	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	138,562	0	105,663	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,626	0	2,003	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,313	0	1,001	0	68.00
69.01	06901	CV DIAGNOSTIC	34,106	32,682	1,531	24,922	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	40,927	32,995	0	25,161	229	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	98,906	31,223	0	23,809	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,642	10,724	0	8,178	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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 LI THOTRI PSY	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	135,058	152,305	0	116,143	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	47,066	82,674	168	63,045	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	26,602	42,041	4,911	0	0	90.01
90.02	09002 DIABETES CENTER	11,596	36,249	0	27,642	0	90.02
91.00	09100 EMERGENCY	295,355	89,021	144,308	67,885	17,440	91.00
91.01	09101 G. I. LABORATORY	87,310	60,388	32,841	46,050	23	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	10,232	23,971	0	18,280	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPI CE	7,503	23,971	0	18,280	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,424,181	3,467,056	982,051	2,589,057	3,747,202	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,503	0	0	0	0	190.00
191.01	19101 RESPI TE CARE	0	0	0	0	0	191.01
193.01	19301 VENDI NG MACHI NES	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	34,788	28,451	0	21,696	0	193.03
193.04	19304 COMMUNI TY 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 PHYSICI ANS LLC	354,698	620,341	1,302	385,357	0	193.06
193.07	19307 GENERATI ONS	0	0	0	0	0	193.07
193.08	19308 RETAI L PHARMACY	6,821	14,225	0	10,848	0	193.08
193.09	19309 OUTREACH LAB	0	5,223	0	3,983	0	193.09
193.10	19310 FOOT CLINI C	0	0	0	0	0	193.10
193.11	19311 MARKETI NG	131,648	53,640	0	40,904	0	193.11
193.13	19313 HEALTHPOI NT	34,106	508,535	0	387,794	0	193.13
193.14	19314 DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950 JAZZMANS RESTAURANT	1,364	3,699	0	2,820	0	194.00
194.01	07951 FOUNDATI ON OFFI CE	55,933	14,014	0	10,675	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)	5,051,042	4,715,184	983,353	3,453,134	3,747,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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	ADMINISTRATIVE					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	2,102,287				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	113,222	0	6,124,238		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,965	0	0	2,426,137	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65,199	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,960	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	34	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PHARMACY RESIDENCY	5,909	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	664,521	0	4,124,808	0	30.00
33.01	03301	ADULT SPECIAL CARE	56,262	0	472,306	0	33.01
34.01	03401	CARDIOTHORACIC ICU	62,034	0	409,332	0	34.01
40.00	04000	SUBPROVIDER - I/PF	16,183	0	110,205	0	40.00
41.00	04100	SUBPROVIDER - I/RF	30,285	0	204,666	0	41.00
43.00	04300	NURSERY	26,857	0	62,974	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	153,118	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,714	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,085	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	93,062	0	0	0	54.00
54.01	05401	ULTRASOUND	30,125	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	72,594	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	869	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	11	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	3,840	0	0	0	56.01
57.00	05700	CT SCAN	21,965	0	0	0	57.00
58.00	05800	MRI	2,331	0	0	0	58.00
60.00	06000	LABORATORY	131,004	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	79,005	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,805	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	640	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,657	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,371	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	15,108	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	16,811	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,003,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,422,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,525	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

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	6,446	0	94,461	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	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	297	0	0	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	891	0	0	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CENTER	34	0	47,231	0	0	90.02
91.00	09100 EMERGENCY	99,119	0	0	0	0	91.00
91.01	09101 G. I. LABORATORY	26,240	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	4,629	0	220,410	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	480	0	236,153	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	2,058,207	0	5,982,546	2,426,137	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	320	0	0	0	0	190.00
191.01	19101 RESPI TE CARE	0	0	0	0	0	191.01
193.01	19301 VENDI NG MACHI NES	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 COMMUNI TY 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 PHYSI CI ANS LLC	42,560	0	15,744	0	0	193.06
193.07	19307 GENERATIONS	0	0	0	0	0	193.07
193.08	19308 RETAI L PHARMACY	800	0	0	0	0	193.08
193.09	19309 OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310 FOOT CLINI C	0	0	0	0	0	193.10
193.11	19311 MARKETI NG	206	0	0	0	0	193.11
193.13	19313 HEALTHPOI NT	23	0	125,948	0	0	193.13
193.14	19314 DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950 JAZZMANS RESTAURANT	160	0	0	0	0	194.00
194.01	07951 FOUNDATION OFFICE	11	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)	2,102,287	0	6,124,238	2,426,137	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
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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	ADMINISTRATIVE						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	2,911,832					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		1,434,256		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0			33,685	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	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	109,271	0	0	1,156,266	0	30.00
33.01	03301	ADULT SPECIAL CARE	22,637	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	13,213	0	0	17,231	0	34.01
40.00	04000	SUBPROVIDER - I/PF	2,503	0	0	56,022	0	40.00
41.00	04100	SUBPROVIDER - I/RF	4,250	0	0	0	0	41.00
43.00	04300	NURSERY	6,080	0	0	12,563	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	328,946	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,036	0	0	75,121	0	52.00
53.00	05300	ANESTHESIOLOGY	77,294	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,101	0	0	0	0	54.00
54.01	05401	ULTRASOUND	33,878	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	99,060	0	0	46,770	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	49,942	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	14,399	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	43,869	0	0	0	0	56.01
57.00	05700	CT SCAN	154,457	0	0	0	0	57.00
58.00	05800	MRI	56,901	0	0	0	0	58.00
60.00	06000	LABORATORY	258,337	0	0	0	33,685	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,678	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	108,434	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,704	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	32,698	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,125	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,354	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	82,670	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	51,438	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	299,079	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	325,605	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,608	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Part I
Date/Time Prepared:
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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	2,754	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	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	13,518	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	13,766	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	14,271	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	278	0	0	0	0	90.02
91.00	09100	EMERGENCY	94,090	0	0	42,781	0	91.00
91.01	09101	G. I. LABORATORY	22,995	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	3,649	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,944	0		27,502	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,911,832	0	0	1,434,256	33,685	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPI TE 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 PHYSICI ANS 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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,911,832	0	0	1,434,256	33,685	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

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Cost Center Description	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			20.02	20.03			21.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2					1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3					1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4					1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7					1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8					1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9					1.08
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	ADMINISTRATIVE					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	29,189				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY		88,933			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					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	29,189	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	0	88,933	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
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

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Cost Center Description	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.02	20.03		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950 CARDIAC REHAB	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	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	0	0	0	0	0	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	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	29,189	88,933	0	0	217,307	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01 19101 RESPI TE CARE	0	0	0	0	0	191.01
193.01 19301 VENDI NG MACHI NES	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 COMMUNI TY 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 PHYSICI ANS LLC	0	0	0	0	0	193.06
193.07 19307 GENERATI ONS	0	0	0	0	0	193.07
193.08 19308 RETAI L PHARMACY	0	0	0	0	0	193.08
193.09 19309 OUTREACH LAB	0	0	0	0	0	193.09
193.10 19310 FOOT CLINI C	0	0	0	0	0	193.10
193.11 19311 MARKETI NG	0	0	0	0	0	193.11
193.13 19313 HEALTHPOI NT	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 FOUNDATI ON OFFICE	0	0	0	0	0	194.01
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	29,189	88,933	0	0	217,307	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
1.05	00105				1.05
1.06	00106				1.06
1.07	00107				1.07
1.08	00108				1.08
2.00	00200				2.00
4.00	00400				4.00
5.01	01160				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
20.01	02001				20.01
20.02	02002				20.02
20.03	02003				20.03
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	29,983,108	0	29,983,108	30.00
33.01	03301	5,962,725	0	5,962,725	33.01
34.01	03401	5,152,645	0	5,152,645	34.01
40.00	04000	883,104	0	883,104	40.00
41.00	04100	1,842,574	0	1,842,574	41.00
43.00	04300	1,306,419	0	1,306,419	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	18,601,456	0	18,601,456	50.00
52.00	05200	2,312,974	0	2,312,974	52.00
53.00	05300	2,268,830	0	2,268,830	53.00
54.00	05400	6,391,260	0	6,391,260	54.00
54.01	05401	1,149,350	0	1,149,350	54.01
54.03	05403	6,682,398	0	6,682,398	54.03
55.00	05500	5,325,616	0	5,325,616	55.00
55.01	05501	2,006,319	0	2,006,319	55.01
56.01	05601	2,034,211	0	2,034,211	56.01
57.00	05700	2,909,177	0	2,909,177	57.00
58.00	05800	1,254,431	0	1,254,431	58.00
60.00	06000	13,143,807	0	13,143,807	60.00
62.30	06250	0	0	0	62.30
63.00	06300	1,352,453	0	1,352,453	63.00
65.00	06500	4,347,132	0	4,347,132	65.00
66.00	06600	1,567,028	0	1,567,028	66.00
66.01	06601	3,218,680	0	3,218,680	66.01
66.02	06602	0	0	0	66.02
67.00	06700	497,576	0	497,576	67.00
68.00	06800	266,653	0	266,653	68.00
69.01	06901	2,100,225	0	2,100,225	69.01
69.02	06902	0	0	0	69.02
70.01	07001	1,691,681	0	1,691,681	70.01
71.00	07100	18,329,864	0	18,329,864	71.00
72.00	07200	25,506,425	0	25,506,425	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0110

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	37,628,086	0	37,628,086	73.00
76.00	03950	CARDIAC REHAB	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	551,696	0	551,696	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	5,123,196	0	5,123,196	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,188,352	0	4,188,352	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	806,252	0	806,252	90.01
90.02	09002	DIABETES CENTER	437,632	0	437,632	90.02
91.00	09100	EMERGENCY	7,776,692	0	7,776,692	91.00
91.01	09101	G. I. LABORATORY	1,639,582	0	1,639,582	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,955,830	0	1,955,830	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	2,191,970	0	2,191,970	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	230,387,409	0	230,387,409	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,823	0	7,823	190.00
191.01	19101	RESPIRE 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	159,687	0	159,687	193.03
193.04	19304	COMMUNITY WELLNESS	23,699	0	23,699	193.04
193.05	19305	HOME INFUSION	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	39,794,686	0	39,794,686	193.06
193.07	19307	GENERATIONS	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,252,522	0	6,252,522	193.08
193.09	19309	OUTREACH LAB	18,175	0	18,175	193.09
193.10	19310	FOOT CLINIC	0	0	0	193.10
193.11	19311	MARKETING	396,370	0	396,370	193.11
193.13	19313	HEALTHPOINT	4,193,559	0	4,193,559	193.13
193.14	19314	DOCTORS PARK	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	81,066	0	81,066	194.00
194.01	07951	FOUNDATION OFFICE	131,993	0	131,993	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)	281,446,989	0	281,446,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:10 am
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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	
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	0	0	0	4.00
5.01 01160	COMMUNICATIONS	26,673	21,449	0	0	5.01
5.02 00550	DATA PROCESSING	410,673	0	2,715	1,577	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	4,415	46,075	5.03
5.04 00570	ADMITTING	0	0	14,235	0	18,305
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	69,261	0	0	7,400
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	2,238	304,748	13,425	0	25,528
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	12,067	38,780
7.00 00700	OPERATION OF PLANT	1,299,685	127,798	8,572	37,641	14,447
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	0	0	7,502	9,576	3,740
10.00 01000	DIETARY	0	0	14,076	0	67,044
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	247,440	10,669	5,519	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	736	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	26,166
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
20.01 02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0
20.02 02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0
20.03 02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PHARMACY RESIDENCY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	127,804	174,716	46,991	290,573	88,553
33.01 03301	ADULT SPECIAL CARE	81,585	0	0	0	0
34.01 03401	CARDIOTHORACIC ICU	27,412	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	0	0	0	59,924	0
41.00 04100	SUBPROVIDER - I/RF	1,292	0	29,510	0	0
43.00 04300	NURSERY	390	0	0	0	10,370
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	184,578	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	12,892	0	19,339
53.00 05300	ANESTHESIOLOGY	0	0	3,767	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01 05401	ULTRASOUND	0	0	0	0	0
54.03 05403	CARDIOVASCULAR LAB	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CHEMOTHERAPY	0	0	0	0	0
56.01 05601	NUCLEAR MEDICINE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	24,669	0	0	0	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	73,418	126,681	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
66.01 06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0
66.02 06602	PHYSIATRY	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.01 06901	CV DIAGNOSTIC	0	0	0	0	0
69.02 06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0
70.01 07001	NEUROPHYSIOLOGY	440	381,047	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

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	170,831	460,250	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 LI THOTRIPSY	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	30,456	0	0	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	25,968	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
116.00 11600 HOSPICE	40,680	0	0	2,331	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2,498,336	1,913,390	199,961	465,283	319,672	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.01 19101 RESPI TE CARE	0	0	0	0	0	191.01	
193.01 19301 VENDI NG MACHI NES	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	1,420	0	8,683	193.03	
193.04 19304 COMMUNI TY WELLNESS	0	0	1,420	0	8,683	193.04	
193.05 19305 HOME INFUSION	0	0	0	0	0	193.05	
193.06 19306 SE HOSP PHYSICI ANS LLC	43,800	0	0	0	0	193.06	
193.07 19307 GENERATIONS	0	0	0	0	0	193.07	
193.08 19308 RETAI L PHARMACY	0	0	0	0	0	193.08	
193.09 19309 OUTREACH LAB	0	0	0	0	0	193.09	
193.10 19310 FOOT CLINI C	0	0	0	0	0	193.10	
193.11 19311 MARKETI NG	14,557	0	0	0	0	193.11	
193.13 19313 HEALTHPOI NT	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 FOUNDATI ON 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)	2,556,693	1,913,390	202,801	465,283	337,038	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:10 am
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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	53,003	0	0	50,020	4.00
5.01	01160	COMMUNICATIONS	0	0	2,269	0	8,065	5.01
5.02	00550	DATA PROCESSING	0	7,825	7,387	0	157,805	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	159,518	5.03
5.04	00570	ADMINISTRATIVE	0	14,252	0	0	87,590	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	74,843	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	9,809	8,541	4,374	183,043	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	69,198	160,752	6.00
7.00	00700	OPERATION OF PLANT	0	21,919	76,781	0	363,277	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	106	8.00
9.00	00900	HOUSEKEEPING	0	0	1,086	2,827	35,411	9.00
10.00	01000	DIETARY	0	0	0	0	137,982	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	52,305	1,735	0	147,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	41,529	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	37,964	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	149,899	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	10,757	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	10,183	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	0	23,334	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	146,378	0	844,501	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	51,663	0	113,403	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	142,754	192,375	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	25,068	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	85,345	41.00
43.00	04300	NURSERY	0	0	0	0	15,045	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	82,220	166,465	444,653	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	65,331	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,914	84,898	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,952	151,452	54.00
54.01	05401	ULTRASOUND	0	0	0	11,844	15,960	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	22,220	44,484	173,105	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	169,252	508,154	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	227,551	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	15,807	94,198	56.01
57.00	05700	CT SCAN	0	0	0	8,717	45,476	57.00
58.00	05800	MRI	0	0	0	0	51,945	58.00
60.00	06000	LABORATORY	0	0	44,018	8,069	162,082	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	1,600	0	3,511	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,162	29,803	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,473	0	18,599	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	202,100	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,745	0	3,830	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	873	0	1,915	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,266	4,114	47,668	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,419	0	48,126	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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

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	1,263	45,540	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	16,574	0	0	15,641	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	222,146	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	120,585	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	61,319	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	52,871	90.02
91.00	09100	EMERGENCY	0	0	0	96,351	129,842	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	88,079	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	34,964	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	34,964	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	175,687	463,674	830,547	6,301,809	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPI TE CARE	0	0	0	0	0	191.01
193.01	19301	VENDI NG MACHI NES	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	41,497	193.03
193.04	19304	COMMUNI TY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSI ON	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICI ANS LLC	0	0	0	0	904,801	193.06
193.07	19307	GENERATI ONS	0	0	0	0	0	193.07
193.08	19308	RETAI L PHARMACY	0	0	0	0	20,748	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	7,618	193.09
193.10	19310	FOOT CLI NIC	0	0	0	0	0	193.10
193.11	19311	MARKETI NG	0	0	0	0	78,237	193.11
193.13	19313	HEALTHPOI NT	0	0	0	0	741,728	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	5,395	194.00
194.01	07951	FOUNDATI ON OFFICE	0	0	0	0	20,440	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negati ve Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	175,687	463,674	830,547	8,122,273	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
	MVBLE EQUIP						
	2.00	2A					
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	585,192	688,215	688,215		4.00
5.01	01160	COMMUNICATIONS	122,163	180,619	602	181,221	5.01
5.02	00550	DATA PROCESSING	4,992,854	5,580,836	528	5,592	5,586,956
5.03	00560	PURCHASING RECEIVING AND STORES	107,260	317,268	5,190	1,482	27,526
5.04	00570	ADMINISTRATIVE	3,154	137,536	14,781	3,840	73,362
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	291,224	442,728	12,311	4,446	157,872
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	604,187	1,155,893	22,023	13,339	637,304
6.00	00600	MAINTENANCE & REPAIRS	72,575	353,372	14,378	3,638	102,854
7.00	00700	OPERATION OF PLANT	103,965	2,054,085	0	0	95,683
8.00	00800	LAUNDRY & LINEN SERVICE	0	106	0	0	20,023
9.00	00900	HOUSEKEEPING	25,431	85,573	13,461	1,549	68,361
10.00	01000	DIETARY	18,072	237,174	8,818	1,954	70,812
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	86,046	551,400	19,279	3,032	117,985
14.00	01400	CENTRAL SERVICES & SUPPLY	380,385	422,650	5,056	1,011	46,538
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,209	65,339	10,831	0	56,697
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	36,869	186,768	10,941	2,493	20,437
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	148	10,905	642	0	421
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	518	10,701	348	0	343
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	116	23,450	1,119	0	1,237
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PHARMACY RESIDENCY	0	0	1,006	0	4,305
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	267,651	1,987,167	73,405	25,062	401,004
33.01	03301	ADULT SPECIAL CARE	83,050	329,701	11,616	2,695	98,499
34.01	03401	CARDIOTHORACIC ICU	176,161	538,702	8,778	2,021	82,974
40.00	04000	SUBPROVIDER - IPF	6,474	91,466	2,192	0	11,754
41.00	04100	SUBPROVIDER - IRF	18,127	134,274	4,906	2,762	26,437
43.00	04300	NURSERY	42,950	68,755	4,803	202	22,453
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,128,131	2,006,047	31,611	9,229	314,810
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,267	125,829	7,662	1,280	38,990
53.00	05300	ANESTHESIOLOGY	252,102	395,681	1,204	3,032	35,694
54.00	05400	RADIOLOGY-DIAGNOSTIC	635,138	803,542	17,542	6,669	108,736
54.01	05401	ULTRASOUND	12,906	40,710	3,628	337	18,934
54.03	05403	CARDIOVASCULAR LAB	566,327	806,136	10,778	2,425	116,930
55.00	05500	RADIOLOGY-THERAPEUTIC	766,372	1,443,778	9,012	3,436	88,486
55.01	05501	CHEMOTHERAPY	44,716	272,267	5,671	1,684	32,901
56.01	05601	NUCLEAR MEDICINE	8,126	118,131	2,062	606	34,517
57.00	05700	CT SCAN	465,014	519,207	3,972	404	42,066
58.00	05800	MRI	48,731	100,676	2,459	943	17,586
60.00	06000	LABORATORY	310,591	549,429	24,925	4,985	233,078
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,111	1	337	25,149
65.00	06500	RESPIRATORY THERAPY	161,903	404,967	11,569	1,819	74,941
66.00	06600	PHYSICAL THERAPY	387	27,459	5,495	1,617	26,910
66.01	06601	SOUTHEAST OUTPATIENT REHAB	9,235	211,335	12,171	5,928	57,292
66.02	06602	PHYSIATRY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	4,149	9,724	1,465	135	8,972
68.00	06800	SPEECH PATHOLOGY	1,052	3,840	1,123	0	4,780
69.01	06901	CV DIAGNOSTIC	91,547	147,595	4,793	3,166	32,309
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0
70.01	07001	NEUROPHYSIOLOGY	55,568	487,600	3,010	1,886	26,949
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	311,661
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	441,886

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING		
	MVBLE EQUIP							
	2.00	2A						
73.00 07300 DRUGS CHARGED TO PATIENTS	322,541	1,000,425	18,035	2,156	715,786	73.00		
76.00 03950 CARDIAC REHAB	0	0	0	0	0	76.00		
76.97 07697 CARDIAC REHABILITATION	17,081	49,296	2,469	539	8,241	76.97		
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98		
76.99 07699 LI THOTRI PSY	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	41,180	263,326	19,786	3,503	94,749	88.01		
88.02 08802 RURAL HEALTH CLINIC III	15,371	135,956	13,946	3,032	79,965	88.02		
90.01 09001 HYPERBARIC WOUND CLINIC	25,329	86,648	1,850	1,415	13,494	90.01		
90.02 09002 DIABETES CENTER	1,956	54,827	1,185	606	6,383	90.02		
91.00 09100 EMERGENCY	81,746	307,939	22,641	5,322	133,570	91.00		
91.01 09101 G. I. LABORATORY	213,723	332,258	3,173	2,156	25,943	91.01		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0				92.00		
OTHER REIMBURSABLE COST CENTERS								
101.00 10100 HOME HEALTH AGENCY	2,235	63,167	7,252	1,886	33,810	101.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE						113.00		
116.00 11600 HOSPICE	352	78,327	6,773	1,819	37,849	116.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		13,337,557	26,505,916	504,277	147,470	5,388,248	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
191.01 19101 RESPI TE CARE	0	0	0	0	0	191.01		
193.01 19301 VENDI NG MACHI NES	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	3,470	55,070	0	741	1,522	193.03		
193.04 19304 COMMUNI TY WELLNESS	0	10,103	0	0	483	193.04		
193.05 19305 HOME INFUSION	0	0	0	0	0	193.05		
193.06 19306 SE HOSP PHYSICI ANS LLC	227,666	1,176,267	172,328	23,242	0	193.06		
193.07 19307 GENERATI ONS	0	0	0	0	0	193.07		
193.08 19308 RETAI L PHARMACY	7,218	27,966	3,553	741	126,655	193.08		
193.09 19309 OUTREACH LAB	0	7,618	0	0	183	193.09		
193.10 19310 FOOT CLI NIC	0	0	0	0	0	193.10		
193.11 19311 MARKETI NG	11,761	104,555	0	1,549	3,457	193.11		
193.13 19313 HEALTHPOI NT	102,200	843,928	7,775	6,737	63,879	193.13		
193.14 19314 DOCTORS PARK	0	0	0	0	0	193.14		
194.00 07950 JAZZMANS RESTAURANT	11,750	17,145	259	135	1,487	194.00		
194.01 07951 FOUNDATI ON OFFICE	427	20,867	23	606	1,042	194.01		
200.00	Cross Foot Adjustments		0			200.00		
201.00	Negati ve Cost Centers		0	0	0	201.00		
202.00	TOTAL (sum lines 118 through 201)		13,702,049	28,769,435	688,215	181,221	5,586,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center	Description	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	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	351,466					5.03
5.04	00570	ADMINISTRATIVE	42	229,561				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	86	0	617,443			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	113	0	0	1,828,672		5.06
6.00	00600	MAINTENANCE & REPAIRS	24	0	0	32,819	507,085	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	30,530	1,643	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	6,389	0	8.00
9.00	00900	HOUSEKEEPING	36	0	0	21,814	7,190	9.00
10.00	01000	DIETARY	1	0	0	22,595	10,340	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	262	0	0	37,653	3,766	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13	0	0	14,850	5,273	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	205	0	0	18,096	1,575	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	77	0	0	6,523	24,721	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	134	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	1	0	0	109	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	395	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	1,374	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	208	8,616	23,190	130,726	123,196	30.00
33.01	03301	ADULT SPECIAL CARE	20	1,785	4,804	32,003	23,214	33.01
34.01	03401	CARDIOTHORACIC ICU	48	1,042	2,804	26,811	17,804	34.01
40.00	04000	SUBPROVIDER - I/PF	6	197	531	3,814	3,972	40.00
41.00	04100	SUBPROVIDER - I/RF	13	335	902	8,543	7,533	41.00
43.00	04300	NURSERY	2	479	1,290	7,319	4,794	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75	25,936	69,811	108,788	54,441	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14	1,186	3,191	12,822	7,738	52.00
53.00	05300	ANESTHESIOLOGY	5	6,094	16,404	13,348	753	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113	6,395	17,212	36,754	18,215	54.00
54.01	05401	ULTRASOUND	0	2,671	7,190	6,900	411	54.01
54.03	05403	CARDIOVASCULAR LAB	22	7,811	21,023	39,821	10,203	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	60	3,938	10,599	29,501	9,313	55.00
55.01	05501	CHEMOTHERAPY	12	1,135	3,056	10,863	4,520	55.01
56.01	05601	NUCLEAR MEDICINE	9	3,459	9,310	12,126	548	56.01
57.00	05700	CT SCAN	0	12,178	32,780	17,337	959	57.00
58.00	05800	MRI	2	4,486	12,076	7,053	3,629	58.00
60.00	06000	LABORATORY	85	20,369	54,826	80,919	7,533	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	1,788	4,813	8,599	205	63.00
65.00	06500	RESPIRATORY THERAPY	13	8,550	23,013	26,661	2,054	65.00
66.00	06600	PHYSICAL THERAPY	7	1,869	5,031	9,187	7,464	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	25	2,578	6,939	19,110	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	719	1,937	3,094	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	422	1,136	1,661	0	68.00
69.01	06901	CV DIAGNOSTIC	22	6,518	17,545	12,405	3,424	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	12	4,056	10,916	9,903	4,109	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	144,482	23,581	63,472	110,635	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	204,856	25,673	69,102	154,368	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65	32,349	86,619	238,819	9,929	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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.03	5.04	5.05	5.06	6.00	
76.97	07697	CARDIAC REHABILITATION	9	217	584	2,700	1,370	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	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	55	1,066	2,869	30,576	13,559	88.01
88.02	08802	RURAL HEALTH CLINIC III	31	1,085	2,921	25,865	4,725	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	21	1,125	3,029	4,668	2,671	90.01
90.02	09002	DIABETES CENTER	12	22	59	2,044	1,164	90.02
91.00	09100	EMERGENCY	88	7,419	19,968	45,006	29,651	91.00
91.01	09101	G. I. LABORATORY	11	1,813	4,880	8,861	8,765	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	16	288	774	10,881	1,027	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	16	311	837	12,177	753	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	351,297	229,561	617,443	1,515,949	444,154	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	753	190.00
191.01	19101	RESPIRE 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	486	3,492	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	154	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	249,316	35,609	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	15	0	0	40,413	685	193.08
193.09	19309	OUTREACH LAB	0	0	0	58	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	58	0	0	1,104	13,216	193.11
193.13	19313	HEALTHPOINT	53	0	0	20,384	3,424	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	474	137	194.00
194.01	07951	FOUNDATION OFFICE	43	0	0	334	5,615	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)	351,466	229,561	617,443	1,828,672	507,085	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 9:10 am	
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	ADMINISTRATIVE						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	2,181,941					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34	26,552				8.00
9.00	00900	HOUSEKEEPING	11,235	0	209,219			9.00
10.00	01000	DIETARY	43,777	0	4,371	399,842		10.00
11.00	01100	CAFETERIA	0	0	0	224,324	224,324	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	46,855	0	4,678	0	12,081	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,176	0	1,316	0	4,051	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,045	0	1,203	0	6,957	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	47,558	0	4,748	0	316	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	3,413	0	341	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	3,231	0	323	0	4	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	7,403	0	739	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	630	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	267,930	6,509	26,752	140,845	70,909	30.00
33.01	03301	ADULT SPECIAL CARE	35,979	989	3,592	8,658	6,003	33.01
34.01	03401	CARDIOTHORACIC ICU	61,034	827	6,094	8,961	6,619	34.01
40.00	04000	SUBPROVIDER - IPF	7,953	80	794	4,094	1,727	40.00
41.00	04100	SUBPROVIDER - IRF	27,077	626	2,703	9,298	3,232	41.00
43.00	04300	NURSERY	4,773	152	477	2	2,866	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	141,073	6,813	14,085	1,621	16,338	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,727	909	2,069	0	6,372	52.00
53.00	05300	ANESTHESIOLOGY	26,935	0	2,689	0	2,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,050	2,891	4,798	5	9,930	54.00
54.01	05401	ULTRASOUND	5,064	0	506	0	3,215	54.01
54.03	05403	CARDIOVASCULAR LAB	54,920	650	5,483	41	7,746	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	161,219	744	16,097	0	93	55.00
55.01	05501	CHEMOTHERAPY	72,194	0	7,208	0	1	55.01
56.01	05601	NUCLEAR MEDICINE	29,886	0	2,984	106	410	56.01
57.00	05700	CT SCAN	14,428	0	1,441	0	2,344	57.00
58.00	05800	MRI	16,480	290	1,645	0	249	58.00
60.00	06000	LABORATORY	51,423	2	4,880	0	13,979	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,114	0	111	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,455	0	944	0	8,430	65.00
66.00	06600	PHYSICAL THERAPY	5,901	73	589	0	3,180	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	64,119	0	6,402	0	68	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,215	0	121	0	817	67.00
68.00	06800	SPEECH PATHOLOGY	608	0	61	0	360	68.00
69.01	06901	CV DIAGNOSTIC	15,123	41	1,510	0	1,612	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	15,269	0	1,524	24	1,794	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	14,448	0	1,443	0	9,659	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,962	0	495	0	688	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

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 LI THOTRI PSY	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	70,479	0	7,037	0	32	88.01
88.02	08802 RURAL HEALTH CLINIC III	38,257	5	3,820	0	95	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	19,454	133	0	0	0	90.01
90.02	09002 DIABETES CENTER	16,774	0	1,675	0	4	90.02
91.00	09100 EMERGENCY	41,194	3,896	4,113	1,861	10,576	91.00
91.01	09101 G. I. LABORATORY	27,944	887	2,790	2	2,800	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	11,093	0	1,108	0	494	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPI CE	11,093	0	1,108	0	51	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,604,374	26,517	156,867	399,842	219,622	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	34	190.00
191.01	19101 RESPI TE CARE	0	0	0	0	0	191.01
193.01	19301 VENDI NG MACHI NES	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	13,165	0	1,314	0	0	193.03
193.04	19304 COMMUNI TY 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 PHYSI CIANS LLC	287,059	35	23,348	0	4,541	193.06
193.07	19307 GENERATI ONS	0	0	0	0	0	193.07
193.08	19308 RETAI L PHARMACY	6,583	0	657	0	85	193.08
193.09	19309 OUTREACH LAB	2,417	0	241	0	0	193.09
193.10	19310 FOOT CLINI C	0	0	0	0	0	193.10
193.11	19311 MARKETI NG	24,822	0	2,478	0	22	193.11
193.13	19313 HEALTHPOI NT	235,324	0	23,496	0	2	193.13
193.14	19314 DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950 JAZZMANS RESTAURANT	1,712	0	171	0	17	194.00
194.01	07951 FOUNDATI ON OFFI CE	6,485	0	647	0	1	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)	2,181,941	26,552	209,219	399,842	224,324	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

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	ADMINISTRATIVE						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	796,991				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	513,934			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	172,948	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 TECHNOLOGY	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	536,791	0	0	6,490	30.00
33.01	03301	ADULT SPECIAL CARE	0	61,465	0	0	1,345	33.01
34.01	03401	CARDIOTHORACIC ICU	0	53,269	0	0	785	34.01
40.00	04000	SUBPROVIDER - I/PF	0	14,342	0	0	149	40.00
41.00	04100	SUBPROVIDER - I/RF	0	26,635	0	0	252	41.00
43.00	04300	NURSERY	0	8,195	0	0	361	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	19,538	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	893	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,591	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,817	54.00
54.01	05401	ULTRASOUND	0	0	0	0	2,012	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	5,884	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,966	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	855	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	2,606	56.01
57.00	05700	CT SCAN	0	0	0	0	9,174	57.00
58.00	05800	MRI	0	0	0	0	3,380	58.00
60.00	06000	LABORATORY	0	0	0	0	15,344	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	1,347	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,441	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,408	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	1,942	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	542	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	318	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	4,910	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	3,055	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	212,563	0	17,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	301,371	0	19,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,383	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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

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	12,293	0	0	164	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRIPSY	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	803	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	818	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	848	90.01
90.02	09002	DIABETES CENTER	0	6,146	0	0	17	90.02
91.00	09100	EMERGENCY	0	0	0	0	5,589	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	1,366	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	28,683	0	0	217	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	30,732	0	0	234	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	778,551	513,934	0	172,948	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE 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	2,049	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	16,391	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)	0	796,991	513,934	0	172,948	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 9:10 am	
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	ADMINISTRATIVE						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		304,582			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			15,856		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				15,060	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	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 - I/PF	0					40.00
41.00	04100	SUBPROVIDER - I/RF	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 01/01/2018
To 12/31/2018

Worksheet B
Part II
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5/30/2019 9:10 am

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	LI THOTRI PSY	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	RESPI TE 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	COMMUNI TY WELLNESS	0					193.04
193.05	19305	HOME INFUSION	0					193.05
193.06	19306	SE HOSP PHYSI CI ANS LLC	0					193.06
193.07	19307	GENERATIONS	0					193.07
193.08	19308	RETAI L PHARMACY	0					193.08
193.09	19309	OUTREACH LAB	0					193.09
193.10	19310	FOOT CLINI C	0					193.10
193.11	19311	MARKETING	0					193.11
193.13	19313	HEALTHPOI NT	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	304,582	15,856	15,060	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	304,582	15,856	15,060	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.03	21.00			22.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3				1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4				1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8				1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9				1.08
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	ADMINISTRATIVE				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 TECHNOLOGY	34,343			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			7,315	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				3,828,800
33.01	03301	ADULT SPECIAL CARE				622,368
34.01	03401	CARDIOTHORACIC ICU				818,573
40.00	04000	SUBPROVIDER - IPF				143,071
41.00	04100	SUBPROVIDER - IRF				255,528
43.00	04300	NURSERY				126,923
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				2,820,216
52.00	05200	DELIVERY ROOM & LABOR ROOM				229,682
53.00	05300	ANESTHESIOLOGY				509,320
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,085,669
54.01	05401	ULTRASOUND				91,578
54.03	05403	CARDIOVASCULAR LAB				1,089,873
55.00	05500	RADIOLOGY-THERAPEUTIC				1,779,242
55.01	05501	CHEMOTHERAPY				412,367
56.01	05601	NUCLEAR MEDICINE				216,760
57.00	05700	CT SCAN				656,290
58.00	05800	MRI				170,954
60.00	06000	LABORATORY				1,061,777
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				48,577
65.00	06500	RESPIRATORY THERAPY				578,857
66.00	06600	PHYSICAL THERAPY				96,190
66.01	06601	SOUTHEAST OUTPATIENT REHAB				387,909
66.02	06602	PHYSIATRY				0
67.00	06700	OCCUPATIONAL THERAPY				28,741
68.00	06800	SPEECH PATHOLOGY				14,309
69.01	06901	CV DIAGNOSTIC				250,973
69.02	06902	ELECTROPHYSIOLOGY LAB				0
70.01	07001	NEUROPHYSIOLOGY				570,107
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				884,158
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,216,596

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.03	21.00				22.00	23.00
73.00	07300	DRUGS CHARGED TO PATIENTS					2,154,116	73.00
76.00	03950	CARDIAC REHAB					0	76.00
76.97	07697	CARDIAC REHABILITATION					84,027	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					507,840	88.01
88.02	08802	RURAL HEALTH CLINIC III					310,521	88.02
90.01	09001	HYPERBARIC WOUND CLINIC					135,356	90.01
90.02	09002	DIABETES CENTER					90,918	90.02
91.00	09100	EMERGENCY					638,833	91.00
91.01	09101	G.I. LABORATORY					423,649	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY					160,696	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE					182,080	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	24,683,444	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					787	190.00
191.01	19101	RESPI TE 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					75,790	193.03
193.04	19304	COMMUNITY WELLNESS					10,740	193.04
193.05	19305	HOME INFUSION					0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC					1,973,794	193.06
193.07	19307	GENERATIONS					0	193.07
193.08	19308	RETAIL PHARMACY					207,353	193.08
193.09	19309	OUTREACH LAB					10,517	193.09
193.10	19310	FOOT CLINIC					0	193.10
193.11	19311	MARKETING					151,261	193.11
193.13	19313	HEALTHPOINT					1,221,393	193.13
193.14	19314	DOCTORS PARK					0	193.14
194.00	07950	JAZZMANS RESTAURANT					21,537	194.00
194.01	07951	FOUNDATION OFFICE					35,663	194.01
200.00		Cross Foot Adjustments	34,343	0	0		7,315	200.00
201.00		Negative Cost Centers	0	0	0		0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,343	0	0		7,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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

Worksheet B
Part II
Date/Time Prepared:
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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	ADMINITTING		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 TECHNOLOGY		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	3,828,800
33.01	03301	ADULT SPECIAL CARE	0	622,368
34.01	03401	CARDIOTHORACIC ICU	0	818,573
40.00	04000	SUBPROVIDER - I PF	0	143,071
41.00	04100	SUBPROVIDER - I RF	0	255,528
43.00	04300	NURSERY	0	126,923
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,820,216
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	229,682
53.00	05300	ANESTHESIOLOGY	0	509,320
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,085,669
54.01	05401	ULTRASOUND	0	91,578
54.03	05403	CARDIOVASCULAR LAB	0	1,089,873
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,779,242
55.01	05501	CHEMOTHERAPY	0	412,367
56.01	05601	NUCLEAR MEDICINE	0	216,760
57.00	05700	CT SCAN	0	656,290
58.00	05800	MRI	0	170,954
60.00	06000	LABORATORY	0	1,061,777
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	48,577
65.00	06500	RESPIRATORY THERAPY	0	578,857
66.00	06600	PHYSICAL THERAPY	0	96,190
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	387,909
66.02	06602	PHYSIATRY	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	28,741
68.00	06800	SPEECH PATHOLOGY	0	14,309
69.01	06901	CV DIAGNOSTIC	0	250,973
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0
70.01	07001	NEUROPHYSIOLOGY	0	570,107
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	884,158
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,216,596

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0110

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,154,116	73.00
76.00	03950 CARDIAC REHAB	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	84,027	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRIPSY	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	507,840	88.01
88.02	08802 RURAL HEALTH CLINIC III	0	310,521	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0	135,356	90.01
90.02	09002 DIABETES CENTER	0	90,918	90.02
91.00	09100 EMERGENCY	0	638,833	91.00
91.01	09101 G. I. LABORATORY	0	423,649	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY	0	160,696	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE	0	182,080	116.00
118.00				118.00
	SUBTOTALS (SUM OF LINES 1 through 117)	0	24,683,444	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	787	190.00
191.01	19101 RESPI TE CARE	0	0	191.01
193.01	19301 VENDI NG MACHI NES	0	0	193.01
193.02	19302 SUNSET GUEST HOUSE	0	0	193.02
193.03	19303 LACEYS RESTAURANT	0	75,790	193.03
193.04	19304 COMMUNI TY WELLNESS	0	10,740	193.04
193.05	19305 HOME INFUSION	0	0	193.05
193.06	19306 SE HOSP PHYSICI ANS LLC	0	1,973,794	193.06
193.07	19307 GENERATI ONS	0	0	193.07
193.08	19308 RETAI L PHARMACY	0	207,353	193.08
193.09	19309 OUTREACH LAB	0	10,517	193.09
193.10	19310 FOOT CLINI C	0	0	193.10
193.11	19311 MARKETI NG	0	151,261	193.11
193.13	19313 HEALTHPOI NT	0	1,221,393	193.13
193.14	19314 DOCTORS PARK	0	0	193.14
194.00	07950 JAZZMANS RESTAURANT	0	21,537	194.00
194.01	07951 FOUNDATI ON OFFICE	0	35,663	194.01
200.00	Cross Foot Adjustments	0	377,156	200.00
201.00	Negati ve Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	28,769,435	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

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	55,122				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	40,717			1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	45,958		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	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	3,481	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	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,039	838	510	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	3,568	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 TECHNOLOGY	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	25,428	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 - I PF	0	0	5,244	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

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)	0	0	0	0	0	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	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	204	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,128	54,350	40,717	43,590	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE 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	386	0	1,184	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	386	0	1,184	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)	1,913,390	202,801	465,283	337,038	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	111.711233	3.679130	11.427242	7.333609	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 01/01/2018 To 12/31/2018	Worksheet B-1 Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description		CAPITAL RELATED COSTS					MVBLE EQUIP (DIRECT COSTS)	2.00
		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)			
		1.05	1.06	1.07	1.08			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIX						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	15,582					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	763,358		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					10,078,504	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,701	0	0	4,701	430,436	4.00
5.01	01160	COMMUNICATIONS	0	468	0	758	89,857	5.01
5.02	00550	DATA PROCESSING	694	1,524	0	14,831	3,672,478	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	14,992	78,895	5.03
5.04	00570	ADMITTING	1,264	0	0	8,232	2,320	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	7,034	214,209	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	870	1,762	554	17,203	444,408	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,764	15,108	53,382	6.00
7.00	00700	OPERATION OF PLANT	1,944	15,840	0	34,142	76,471	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	10	0	8.00
9.00	00900	HOUSEKEEPING	0	224	358	3,328	18,706	9.00
10.00	01000	DIETARY	0	0	0	12,968	13,293	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	63,291	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,903	279,791	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,568	889	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	27,119	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	1,011	109	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	957	381	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	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	79,369	196,870	30.00
33.01	03301	ADULT SPECIAL CARE	0	10,658	0	10,658	61,087	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	18,080	18,080	129,575	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,356	4,762	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	8,021	13,333	41.00
43.00	04300	NURSERY	0	0	0	1,414	31,592	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,962	21,083	41,790	829,794	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,140	20,792	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,955	7,979	185,433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,147	14,234	467,174	54.00
54.01	05401	ULTRASOUND	0	0	1,500	1,500	9,493	54.01
54.03	05403	CARDIOVASCULAR LAB	0	4,584	5,634	16,269	416,560	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,436	47,758	563,703	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	21,386	32,891	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,002	8,853	5,977	56.01
57.00	05700	CT SCAN	0	0	1,104	4,274	342,040	57.00
58.00	05800	MRI	0	0	0	4,882	35,844	58.00
60.00	06000	LABORATORY	0	9,081	1,022	15,233	228,454	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	119,087	65.00
66.00	06600	PHYSICAL THERAPY	0	1,748	0	1,748	285	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	18,994	6,793	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	360	0	360	3,052	67.00
68.00	06800	SPEECH PATHOLOGY	0	180	0	180	774	68.00
69.01	06901	CV DIAGNOSTIC	0	880	521	4,480	67,337	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	499	0	4,523	40,873	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

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 COSTS)		
		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	237,244	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	12,564	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	20,878	30,290	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	11,333	11,306	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	5,763	18,631	90.01
90.02	09002	DIABETES CENTER	0	0	0	4,969	1,439	90.02
91.00	09100	EMERGENCY	0	0	12,203	12,203	60,128	91.00
91.01	09101	G.I. LABORATORY	0	0	0	8,278	157,203	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,286	1,644	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	3,286	259	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,582	95,656	105,190	592,265	9,810,403	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE 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	2,552	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	85,036	167,459	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	1,950	5,309	193.08
193.09	19309	OUTREACH LAB	0	0	0	716	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	7,353	8,651	193.11
193.13	19313	HEALTHPOINT	0	0	0	69,710	75,173	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	1,921	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)	175,687	463,674	830,547	8,122,273	13,702,049	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.274997	4.847307	7.895684	10.640188	1.359532	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	
			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	99,619,711					4.00
5.01	01160	COMMUNICATIONS	87,128	2,690				5.01
5.02	00550	DATA PROCESSING	76,388	83	-13,866,138	233,046,433		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	751,332	22	0	1,148,178	31,623,658	5.03
5.04	00570	ADMINISTRATIVE	2,139,743	57	0	3,060,051	3,815	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,782,129	66	0	6,585,116	7,778	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,188,081	198	0	26,583,137	10,129	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,081,356	54	0	4,290,225	2,116	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	3,991,122	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	835,187	0	8.00
9.00	00900	HOUSEKEEPING	1,948,628	23	0	2,851,481	3,254	9.00
10.00	01000	DIETARY	1,276,427	29	0	2,953,717	48	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	2,790,844	45	0	4,921,381	23,610	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	731,840	15	0	1,941,206	1,187	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,567,910	0	0	2,364,935	18,488	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	1,583,856	37	0	852,458	6,967	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	93,007	0	0	17,507	29	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	50,362	0	0	14,310	70	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	161,990	0	0	51,588	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	145,590	0	0	179,559	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,626,132	372	0	16,726,634	18,674	30.00
33.01	03301	ADULT SPECIAL CARE	1,681,564	40	0	4,108,579	1,788	33.01
34.01	03401	CARDIOTHORACIC ICU	1,270,746	30	0	3,461,005	4,323	34.01
40.00	04000	SUBPROVIDER - IPF	317,369	0	0	490,273	518	40.00
41.00	04100	SUBPROVIDER - IRF	710,260	41	0	1,102,722	1,183	41.00
43.00	04300	NURSERY	695,227	3	0	936,577	218	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,576,057	137	0	13,131,294	6,791	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,109,087	19	0	1,626,341	1,302	52.00
53.00	05300	ANESTHESIOLOGY	174,276	45	0	1,488,845	420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,539,398	99	0	4,535,584	10,123	54.00
54.01	05401	ULTRASOUND	525,145	5	0	789,781	0	54.01
54.03	05403	CARDIOVASCULAR LAB	1,560,246	36	0	4,877,380	1,991	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,304,596	51	0	3,690,930	5,370	55.00
55.01	05501	CHEMOTHERAPY	820,977	25	0	1,372,354	1,116	55.01
56.01	05601	NUCLEAR MEDICINE	298,448	9	0	1,439,772	824	56.01
57.00	05700	CT SCAN	574,953	6	0	1,754,650	0	57.00
58.00	05800	MRI	356,011	14	0	733,529	156	58.00
60.00	06000	LABORATORY	3,608,130	74	0	9,722,103	7,676	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	84	5	0	1,049,013	174	63.00
65.00	06500	RESPIRATORY THERAPY	1,674,685	27	0	3,125,929	1,170	65.00
66.00	06600	PHYSICAL THERAPY	795,514	24	0	1,122,472	644	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,761,892	88	0	2,389,738	2,255	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	212,141	2	0	374,218	0	67.00
68.00	06800	SPEECH PATHOLOGY	162,502	0	0	199,378	0	68.00
69.01	06901	CV DIAGNOSTIC	693,856	47	0	1,347,689	2,021	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	435,697	28	0	1,124,111	1,116	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,999,974	12,999,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,431,905	18,431,905	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

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

Worksheet B-1
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	
			4.00	5.01	5A.02	5.02	5.03	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,610,716	32	0	29,860,852	5,827	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	357,399	8	0	343,762	769	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	2,864,187	52	0	3,952,154	4,971	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,018,808	45	0	3,335,491	2,810	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	267,843	21	0	562,874	1,915	90.01
90.02	09002	DIABETES CENTER	171,472	9	0	266,259	1,088	90.02
91.00	09100	EMERGENCY	3,277,551	79	0	5,571,440	7,917	91.00
91.01	09101	G. I. LABORATORY	459,393	32	0	1,082,123	999	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,049,838	28	0	1,410,297	1,453	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	980,489	27	0	1,578,754	1,437	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,999,300	2,189	-13,866,138	224,758,007	31,608,409	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE 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	11	0	63,493	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	20,129	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	24,939,813	345	-34,534,418	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	514,351	11	0	5,283,005	1,367	193.08
193.09	19309	OUTREACH LAB	0	0	0	7,618	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	23	0	144,181	5,253	193.11
193.13	19313	HEALTHPOINT	1,125,460	100	0	2,664,492	4,729	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	37,509	2	0	62,025	0	194.00
194.01	07951	FOUNDATION OFFICE	3,278	9	0	43,483	3,900	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)	7,138,830	500,425		13,866,138	1,216,493	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.071661	186.031599		0.059499	0.038468	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	688,215	181,221		5,586,956	351,466	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006908	67.368401		0.023974	0.011114	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 01/01/2018 To 12/31/2018		Worksheet B-1	
Date/Time Prepared: 5/30/2019 9:10 am								
Cost Center	Description	ADMITTING (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITION)		
		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	1,011,228,350					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,011,228,350				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	-28,165,197	253,281,792		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	4,545,570	7,405	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,228,590	24	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	884,880	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,021,266	105	9.00
10.00	01000	DIETARY	0	0	0	3,129,462	151	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	5,215,106	55	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,056,752	77	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,506,357	23	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	903,446	361	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	18,616	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	15,164	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0	0	0	54,657	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	190,243	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,954,394	37,954,394	0	18,106,137	1,799	30.00
33.01	03301	ADULT SPECIAL CARE	7,862,740	7,862,740	0	4,432,565	339	33.01
34.01	03401	CARDIOTHORACIC ICU	4,589,584	4,589,584	0	3,713,479	260	34.01
40.00	04000	SUBPROVIDER - IPF	869,396	869,396	0	528,250	58	40.00
41.00	04100	SUBPROVIDER - IRF	1,476,260	1,476,260	0	1,183,298	110	41.00
43.00	04300	NURSERY	2,111,787	2,111,787	0	1,013,651	70	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	114,257,174	114,257,174	0	15,067,537	795	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,222,477	5,222,477	0	1,775,935	113	52.00
53.00	05300	ANESTHESIOLOGY	26,847,652	26,847,652	0	1,848,769	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,169,757	28,169,757	0	5,090,519	266	54.00
54.01	05401	ULTRASOUND	11,767,340	11,767,340	0	955,693	6	54.01
54.03	05403	CARDIOVASCULAR LAB	34,407,698	34,407,698	0	5,515,380	149	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	17,347,125	17,347,125	0	4,086,054	136	55.00
55.01	05501	CHEMOTHERAPY	5,001,538	5,001,538	0	1,504,597	66	55.01
56.01	05601	NUCLEAR MEDICINE	15,237,741	15,237,741	0	1,679,461	8	56.01
57.00	05700	CT SCAN	53,649,450	53,649,450	0	2,401,231	14	57.00
58.00	05800	MRI	19,764,182	19,764,182	0	976,916	53	58.00
60.00	06000	LABORATORY	89,731,351	89,731,351	0	11,207,678	110	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,877,094	7,877,094	0	1,191,041	3	63.00
65.00	06500	RESPIRATORY THERAPY	37,663,886	37,663,886	0	3,692,595	30	65.00
66.00	06600	PHYSICAL THERAPY	8,233,572	8,233,572	0	1,272,492	109	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	11,357,503	11,357,503	0	2,646,791	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,169,409	3,169,409	0	428,514	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,859,582	1,859,582	0	230,034	0	68.00
69.01	06901	CV DIAGNOSTIC	28,714,993	28,714,993	0	1,718,146	50	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	17,866,606	17,866,606	0	1,371,597	60	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,882,819	103,882,819	0	15,323,381	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,096,659	113,096,659	0	21,380,571	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

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

Worksheet B-1
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			ADMINISTRATIVE (GROSS REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITION)	
			5.04	5.05	5A.06	5.06	6.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	142,446,161	142,446,161	0	33,077,461	145	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	956,510	956,510	0	373,912	20	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	4,695,380	4,695,380	0	4,234,945	198	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,781,444	4,781,444	0	3,582,378	69	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	4,956,804	4,956,804	0	646,532	39	90.01
90.02	09002	DIABETES CENTER	96,584	96,584	0	283,119	17	90.02
91.00	09100	EMERGENCY	32,681,459	32,681,459	0	6,233,519	433	91.00
91.01	09101	G. I. LABORATORY	7,987,027	7,987,027	0	1,227,262	128	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,267,303	1,267,303	0	1,507,071	15	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,369,909	1,369,909	0	1,686,587	11	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,011,228,350	1,011,228,350	-28,165,197	209,965,207	6,486	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	11	190.00
191.01	19101	RESPIRE 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	67,271	51	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	21,327	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	34,534,418	520	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	5,597,392	10	193.08
193.09	19309	OUTREACH LAB	0	0	0	8,071	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	152,962	193	193.11
193.13	19313	HEALTHPOINT	0	0	0	2,823,209	50	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	65,715	2	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	46,220	82	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)	3,242,268	6,977,223		28,165,197	5,051,042	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003206	0.006900		0.111201	682.112357	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	229,561	617,443		1,828,672	507,085	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000227	0.000611		0.007220	68.478731	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (MEALS SERVED)	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	646,357				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	10	1,156,233			8.00	
9.00	00900	HOUSEKEEPING	3,328	0	620,737		9.00	
10.00	01000	DIETARY	12,968	0	12,968	327,885	10.00	
11.00	01100	CAFETERIA	0	0	0	183,953	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	13,880	0	13,880	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	3,903	0	3,903	0	14.00	
15.00	01500	PHARMACY	0	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,568	0	3,568	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	14,088	0	14,088	0	20.00	
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	1,011	0	1,011	0	20.01	
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	957	0	957	0	20.02	
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	2,193	0	2,193	0	20.03	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PHARMACY RESIDENCY	0	0	0	517	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,369	283,464	79,369	115,498	58,146	30.00
33.01	03301	ADULT SPECIAL CARE	10,658	43,071	10,658	7,100	4,923	33.01
34.01	03401	CARDIOTHORACIC ICU	18,080	35,999	18,080	7,348	5,428	34.01
40.00	04000	SUBPROVIDER - IPF	2,356	3,501	2,356	3,357	1,416	40.00
41.00	04100	SUBPROVIDER - IRF	8,021	27,260	8,021	7,625	2,650	41.00
43.00	04300	NURSERY	1,414	6,612	1,414	2	2,350	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,790	296,699	41,790	1,329	13,398	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,140	39,572	6,140	0	5,225	52.00
53.00	05300	ANESTHESIOLOGY	7,979	0	7,979	0	2,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,234	125,889	14,234	4	8,143	54.00
54.01	05401	ULTRASOUND	1,500	0	1,500	0	2,636	54.01
54.03	05403	CARDIOVASCULAR LAB	16,269	28,298	16,269	34	6,352	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	47,758	32,382	47,758	0	76	55.00
55.01	05501	CHEMOTHERAPY	21,386	0	21,386	0	1	55.01
56.01	05601	NUCLEAR MEDICINE	8,853	0	8,853	87	336	56.01
57.00	05700	CT SCAN	4,274	0	4,274	0	1,922	57.00
58.00	05800	MRI	4,882	12,611	4,882	0	204	58.00
60.00	06000	LABORATORY	15,233	105	14,480	0	11,463	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	6,913	65.00
66.00	06600	PHYSICAL THERAPY	1,748	3,174	1,748	0	2,608	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	18,994	0	18,994	0	56	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	360	0	360	0	670	67.00
68.00	06800	SPEECH PATHOLOGY	180	0	180	0	295	68.00
69.01	06901	CV DIAGNOSTIC	4,480	1,800	4,480	0	1,322	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	4,523	0	4,523	20	1,471	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	7,921	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (MEALS SERVED)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
76.00	03950	CARDI AC REHAB	0	0	0	0	76.00
76.97	07697	CARDI AC REHABILITATION	1,470	0	1,470	0	564 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	20,878	0	20,878	0	26 88.01
88.02	08802	RURAL HEALTH CLINIC III	11,333	198	11,333	0	78 88.02
90.01	09001	HYPERBARIC WOUND CLINIC	5,763	5,774	0	0	0 90.01
90.02	09002	DIABETES CENTER	4,969	0	4,969	0	3 90.02
91.00	09100	EMERGENCY	12,203	169,678	12,203	1,526	8,673 91.00
91.01	09101	G. I. LABORATORY	8,278	38,615	8,278	2	2,296 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	405 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,286	0	3,286	0	42 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	475,264	1,154,702	465,410	327,885	180,095 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	28 190.00
191.01	19101	RESPIRE 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	85,036	1,531	69,272	0	3,724 193.06
193.07	19307	GENERATIONS	0	0	0	0	0 193.07
193.08	19308	RETAIL PHARMACY	1,950	0	1,950	0	70 193.08
193.09	19309	OUTREACH LAB	716	0	716	0	0 193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0 193.10
193.11	19311	MARKETING	7,353	0	7,353	0	18 193.11
193.13	19313	HEALTHPOINT	69,710	0	69,710	0	2 193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0 193.14
194.00	07950	JAZZMANS RESTAURANT	507	0	507	0	14 194.00
194.01	07951	FOUNDATION OFFICE	1,921	0	1,919	0	1 194.01
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)	4,715,184	983,353	3,453,134	3,747,202	2,102,287 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.295015	0.850480	5.562958	11.428403	11.428454 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,181,941	26,552	209,219	399,842	224,324 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.375752	0.022964	0.337049	1.219458	1.219470 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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
			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	ADMINISTRATIVE						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	389				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	31,431,879			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,011,228,350	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 TECHNOLOGY	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	262	0	0	37,954,394	30.00
33.01	03301	ADULT SPECIAL CARE	0	30	0	0	7,862,740	33.01
34.01	03401	CARDIOTHORACIC ICU	0	26	0	0	4,589,584	34.01
40.00	04000	SUBPROVIDER - IPF	0	7	0	0	869,396	40.00
41.00	04100	SUBPROVIDER - IRF	0	13	0	0	1,476,260	41.00
43.00	04300	NURSERY	0	4	0	0	2,111,787	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	114,257,174	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,222,477	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	26,847,652	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	28,169,757	54.00
54.01	05401	ULTRASOUND	0	0	0	0	11,767,340	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	34,407,698	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	17,347,125	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	5,001,538	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	15,237,741	56.01
57.00	05700	CT SCAN	0	0	0	0	53,649,450	57.00
58.00	05800	MRI	0	0	0	0	19,764,182	58.00
60.00	06000	LABORATORY	0	0	0	0	89,731,351	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	7,877,094	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	37,663,886	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,233,572	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	11,357,503	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,169,409	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,859,582	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	28,714,993	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	17,866,606	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,999,974	0	103,882,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,431,905	0	113,096,659	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
			12.00	13.00	14.00	15.00	16.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	142,446,161	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6	0	0	956,510	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	4,695,380	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	4,781,444	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	4,956,804	90.01
90.02	09002	DIABETES CENTER	0	3	0	0	96,584	90.02
91.00	09100	EMERGENCY	0	0	0	0	32,681,459	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	7,987,027	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	14	0	0	1,267,303	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	15	0	0	1,369,909	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	380	31,431,879	0	1,011,228,350	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPIRE 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	6,124,238	2,426,137	0	2,911,832	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	15,743.542416	0.077187	0.000000	0.002879	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	796,991	513,934	0	172,948	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2,048.820051	0.016351	0.000000	0.000171	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

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		16,897		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0			1,344	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLOGY	0			6,330	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	13,622	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	203	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	660	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	148	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	6,330	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	885	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	551	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	1,344	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

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	504	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	324	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	16,897	1,344	6,330	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPI TE 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	1,434,256	33,685	29,189	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	84.882287	25.063244	4.611216	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	304,582	15,856	15,060	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	18.025803	11.797619	2.379147	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLOGY (TIME SPENT)	INTERNS & RESIDENTS		PHARMACY RESIDENCY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		20.03	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	NEW CAP-REL CSTS-BLDGS & FIX #2				1.01
1.02 00102	NEW CAP-REL CSTS-BLDGS & FIX #3				1.02
1.03 00103	NEW CAP-REL CSTS-BLDGS & FIX #4				1.03
1.04 00104	NEW CAP-REL CSTS-BLDGS & FIX #5				1.04
1.05 00105	NEW CAP-REL CSTS-BLDGS & FIX #6				1.05
1.06 00106	NEW CAP-REL CSTS-BLDGS & FIX #7				1.06
1.07 00107	NEW CAP-REL CSTS-BLDGS & FIX #8				1.07
1.08 00108	NEW CAP-REL CSTS-BLDGS & FIX #9				1.08
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 TECHNOLOGY	1,433			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	30.00
33.01 03301	ADULT SPECIAL CARE	0	0	0	33.01
34.01 03401	CARDIOTHORACIC ICU	0	0	0	34.01
40.00 04000	SUBPROVIDER - I/PF	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,433	0	0	54.00
54.01 05401	ULTRASOUND	0	0	0	54.01
54.03 05403	CARDIOVASCULAR LAB	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501	CHEMOTHERAPY	0	0	0	55.01
56.01 05601	NUCLEAR MEDICINE	0	0	0	56.01
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
60.00 06000	LABORATORY	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
66.01 06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	66.01
66.02 06602	PHYSIATRY	0	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.01 06901	CV DIAGNOSTIC	0	0	0	69.01
69.02 06902	ELECTROPHYSIOLOGY LAB	0	0	0	69.02
70.01 07001	NEUROPHYSIOLOGY	0	0	0	70.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0110

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLOGY (TIME SPENT)	INTERNS & RESIDENTS		PHARMACY RESIDENCY (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.03	21.00			
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 LI THOTRI PSY	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	0	0	0	0		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	0	0	0	0		113.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,433	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 RESPI TE CARE	0	0	0	0		191.01
193.01 19301 VENDI NG MACHI NES	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 COMMUNI TY WELLNESS	0	0	0	0		193.04
193.05 19305 HOME INFUSION	0	0	0	0		193.05
193.06 19306 SE HOSP PHYSICI ANS LLC	0	0	0	0		193.06
193.07 19307 GENERATIONS	0	0	0	0		193.07
193.08 19308 RETAI L PHARMACY	0	0	0	0		193.08
193.09 19309 OUTREACH LAB	0	0	0	0		193.09
193.10 19310 FOOT CLINI C	0	0	0	0		193.10
193.11 19311 MARKETI NG	0	0	0	0		193.11
193.13 19313 HEALTHPOI NT	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 FOUNDATI ON 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)	88,933	0	0	217,307		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	62.060712	0.000000	0.000000	2,173.070000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	34,343	0	0	7,315		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	23.965806	0.000000	0.000000	73.150000		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 01/01/2018
To 12/31/2018

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:10 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,983,108		29,983,108	20,096	30,003,204	30.00
33.01	03301	ADULT SPECIAL CARE	5,962,725		5,962,725	0	5,962,725	33.01
34.01	03401	CARDIOTHORACIC ICU	5,152,645		5,152,645	0	5,152,645	34.01
40.00	04000	SUBPROVIDER - IPF	883,104		883,104	0	883,104	40.00
41.00	04100	SUBPROVIDER - IRF	1,842,574		1,842,574	28,810	1,871,384	41.00
43.00	04300	NURSERY	1,306,419		1,306,419	0	1,306,419	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,601,456		18,601,456	0	18,601,456	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,312,974		2,312,974	0	2,312,974	52.00
53.00	05300	ANESTHESIOLOGY	2,268,830		2,268,830	53,442	2,322,272	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,391,260		6,391,260	0	6,391,260	54.00
54.01	05401	ULTRASOUND	1,149,350		1,149,350	0	1,149,350	54.01
54.03	05403	CARDIOVASCULAR LAB	6,682,398		6,682,398	4,216	6,686,614	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,325,616		5,325,616	0	5,325,616	55.00
55.01	05501	CHEMOTHERAPY	2,006,319		2,006,319	0	2,006,319	55.01
56.01	05601	NUCLEAR MEDICINE	2,034,211		2,034,211	0	2,034,211	56.01
57.00	05700	CT SCAN	2,909,177		2,909,177	0	2,909,177	57.00
58.00	05800	MRI	1,254,431		1,254,431	0	1,254,431	58.00
60.00	06000	LABORATORY	13,143,807		13,143,807	0	13,143,807	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,352,453		1,352,453	0	1,352,453	63.00
65.00	06500	RESPIRATORY THERAPY	4,347,132	0	4,347,132	0	4,347,132	65.00
66.00	06600	PHYSICAL THERAPY	1,567,028	0	1,567,028	0	1,567,028	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,218,680	0	3,218,680	0	3,218,680	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	497,576	0	497,576	0	497,576	67.00
68.00	06800	SPEECH PATHOLOGY	266,653	0	266,653	0	266,653	68.00
69.01	06901	CV DIAGNOSTIC	2,100,225		2,100,225	0	2,100,225	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,691,681		1,691,681	0	1,691,681	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,329,864		18,329,864	0	18,329,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,506,425		25,506,425	0	25,506,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,628,086		37,628,086	0	37,628,086	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	551,696		551,696	0	551,696	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	5,123,196		5,123,196	0	5,123,196	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,188,352		4,188,352	0	4,188,352	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	806,252		806,252	0	806,252	90.01
90.02	09002	DIABETES CENTER	437,632		437,632	0	437,632	90.02
91.00	09100	EMERGENCY	7,776,692		7,776,692	274,520	8,051,212	91.00
91.01	09101	G.I. LABORATORY	1,639,582		1,639,582	21,072	1,660,654	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,984,480		4,984,480	0	4,984,480	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,955,830		1,955,830	0	1,955,830	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	2,191,970		2,191,970	0	2,191,970	116.00
200.00		Subtotal (see instructions)	235,371,889	0	235,371,889	402,156	235,774,045	200.00
201.00		Less Observation Beds	4,984,480		4,984,480	0	4,984,480	201.00
202.00		Total (see instructions)	230,387,409	0	230,387,409	402,156	230,789,565	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:10 am

			Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,320,833		26,320,833		30.00
33.01	03301	ADULT SPECIAL CARE	7,862,740		7,862,740		33.01
34.01	03401	CARDIOTHORACIC ICU	4,589,584		4,589,584		34.01
40.00	04000	SUBPROVIDER - IPF	869,396		869,396		40.00
41.00	04100	SUBPROVIDER - IRF	1,476,260		1,476,260		41.00
43.00	04300	NURSERY	2,111,787		2,111,787		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,996,132	57,261,042	114,257,174	0.162803	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,113,341	109,136	5,222,477	0.442888	52.00
53.00	05300	ANESTHESIOLOGY	14,335,851	12,511,801	26,847,652	0.084508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,551,918	19,617,839	28,169,757	0.226884	54.00
54.01	05401	ULTRASOUND	2,963,947	8,803,393	11,767,340	0.097673	54.01
54.03	05403	CARDIOVASCULAR LAB	11,961,959	22,445,739	34,407,698	0.194212	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	260,229	17,086,896	17,347,125	0.307003	55.00
55.01	05501	CHEMOTHERAPY	18,949	4,982,589	5,001,538	0.401140	55.01
56.01	05601	NUCLEAR MEDICINE	1,174,637	14,063,104	15,237,741	0.133498	56.01
57.00	05700	CT SCAN	13,133,337	40,516,113	53,649,450	0.054226	57.00
58.00	05800	MRI	3,539,078	16,225,104	19,764,182	0.063470	58.00
60.00	06000	LABORATORY	41,646,933	48,084,418	89,731,351	0.146480	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,267,856	609,238	7,877,094	0.171694	63.00
65.00	06500	RESPIRATORY THERAPY	32,612,413	5,051,472	37,663,885	0.115419	65.00
66.00	06600	PHYSICAL THERAPY	7,779,624	453,947	8,233,571	0.190322	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	10,250	11,347,253	11,357,503	0.283397	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,003,621	165,789	3,169,410	0.156993	67.00
68.00	06800	SPEECH PATHOLOGY	1,765,231	94,351	1,859,582	0.143394	68.00
69.01	06901	CV DIAGNOSTIC	7,731,263	20,983,730	28,714,993	0.073140	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	10,854,462	7,012,144	17,866,606	0.094684	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,614,563	44,268,256	103,882,819	0.176448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,875,530	48,221,129	113,096,659	0.225528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,490,988	84,955,173	142,446,161	0.264157	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	9,777	946,733	956,510	0.576780	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	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	4,695,388	4,695,388		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	4,805,009	4,805,009		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	108,502	4,848,301	4,956,803	0.162656	90.01
90.02	09002	DIABETES CENTER	191	96,393	96,584	4.531102	90.02
91.00	09100	EMERGENCY	5,900,815	26,780,644	32,681,459	0.237954	91.00
91.01	09101	G.I. LABORATORY	1,367,336	6,619,691	7,987,027	0.205281	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,978,585	7,654,976	11,633,561	0.428457	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,267,303	1,267,303		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,369,909	1,369,909		116.00
200.00		Subtotal (see instructions)	467,297,918	543,954,003	1,011,251,921		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	467,297,918	543,954,003	1,011,251,921		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 9:10 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
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	0.162803		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442888		52.00
53.00	05300 ANESTHESIOLOGY	0.086498		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226884		54.00
54.01	05401 ULTRASOUND	0.097673		54.01
54.03	05403 CARDIOVASCULAR LAB	0.194335		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.307003		55.00
55.01	05501 CHEMOTHERAPY	0.401140		55.01
56.01	05601 NUCLEAR MEDICINE	0.133498		56.01
57.00	05700 CT SCAN	0.054226		57.00
58.00	05800 MRI	0.063470		58.00
60.00	06000 LABORATORY	0.146480		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.171694		63.00
65.00	06500 RESPIRATORY THERAPY	0.115419		65.00
66.00	06600 PHYSICAL THERAPY	0.190322		66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.283397		66.01
66.02	06602 PHYSIATRY	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.156993		67.00
68.00	06800 SPEECH PATHOLOGY	0.143394		68.00
69.01	06901 CV DIAGNOSTIC	0.073140		69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001 NEUROPHYSIOLOGY	0.094684		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.225528		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264157		73.00
76.00	03950 CARDIAC REHAB	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.576780		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	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	0.162656		90.01
90.02	09002 DIABETES CENTER	4.531102		90.02
91.00	09100 EMERGENCY	0.246354		91.00
91.01	09101 G.I. LABORATORY	0.207919		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.428457		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: **CR2018**
Period Ending: **12/31/18**
Workpaper: **C.01 - Patient Revenue Summary**

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

CMS Line	CMS Description	A	B	C	D		E		F		G	H	I	J
		Inpatient Revenue	Outpatient Revenue	Total Revenue	Reclassifications		Adjustments		Inpatient Amount	Outpatient Amount	Adjusted Inpatient Revenue	Adjusted Outpatient Revenue	Adjusted Total Revenue	
		G.6	G.6	crossfoot	Inpatient Amount	Outpatient Amount	Inpatient Amount	Outpatient Amount						C.02
30	ADULTS & PEDIATRICS	45,031,060	14,323,661	59,354,721	(18,343,327)	(10,183,966)	(366,901)	(4,139,695)	26,320,833	-	26,320,833	-	26,320,833	
33.01	ADULT SPECIAL CARE	8,007,179	174,716	8,181,895	(98,765)	(174,716)	(45,675)	-	7,862,740	-	7,862,740	(0)	7,862,740	
34.01	CARDIOTHORACIC ICU	4,710,880	78,855	4,789,735	(96,514)	(78,855)	(24,782)	-	4,589,584	-	4,589,584	-	4,589,584	
40	SUBPROVIDER - IPF	1,205,208	18,722	1,223,930	(75,066)	(1,267)	(260,746)	(17,455)	869,396	-	869,396	-	869,396	
41	SUBPROVIDER - IRF	1,586,642	-	1,586,642	(101,407)	101,407	(8,975)	(101,407)	1,476,260	-	1,476,260	-	1,476,260	
43	NURSERY	1,347,946	4,457	1,352,403	896,817	(4,457)	(132,977)	-	2,111,787	-	2,111,787	-	2,111,787	
	placeholder	-	-	-	-	-	-	-	-	-	-	-	-	
50	OPERATING ROOM	138,566,404	102,269,493	240,835,897	(80,915,076)	(43,438,006)	(655,196)	(1,570,445)	56,996,132	57,261,042	114,257,174	-	114,257,174	
52	DELIVERY ROOM & LABOR ROOM	-	-	-	5,368,156	115,597	(254,816)	(6,461)	5,113,341	109,136	5,222,477	-	5,222,477	
53	ANESTHESIOLOGY	18,713,849	42,200,782	60,914,631	(4,166,351)	(4,052,778)	(211,647)	(25,636,204)	14,335,851	12,511,801	26,847,652	-	26,847,652	
54	RADIOLOGY-DIAGNOSTIC	9,886,366	21,867,830	31,754,196	(1,269,139)	(1,588,736)	(65,309)	(661,256)	8,551,918	19,617,839	28,169,757	-	28,169,757	
54.01	ULTRASOUND	3,095,279	9,452,425	12,547,704	(94,620)	(138,151)	(36,712)	(510,882)	2,963,947	8,803,393	11,767,340	-	11,767,340	
54.03	CARDIOVASCULAR LAB	24,728,405	45,191,975	69,920,380	(12,472,515)	(22,444,708)	(293,931)	(301,528)	11,961,959	22,445,739	34,407,698	-	34,407,698	
55	RADIOLOGY-THERAPEUTIC	261,479	17,367,278	17,628,757	(1,250)	(3,323)	-	(277,059)	260,229	17,086,896	17,347,125	-	17,347,125	
55.01	CHEMOTHERAPY	32,435	8,652,449	8,684,884	(13,486)	(3,458,482)	-	(211,379)	18,949	4,982,589	5,001,538	-	5,001,538	
56.01	NUCLEAR MEDICINE	1,182,193	15,264,685	16,446,878	(2,686)	(951,419)	(4,869)	(250,162)	1,174,637	14,063,104	15,237,741	-	15,237,741	
57	CT SCAN	13,969,659	43,832,594	57,802,253	(735,617)	(2,296,359)	(100,705)	(1,020,122)	13,133,337	40,516,113	53,649,450	-	53,649,450	
58	MRI	3,647,041	17,244,605	20,891,646	(57,920)	(138,865)	(50,043)	(880,637)	3,539,078	16,225,104	19,764,182	-	19,764,182	
60	LABORATORY	42,548,195	48,535,016	91,083,211	(461,860)	(1,502)	(439,402)	(449,096)	41,646,933	48,084,418	89,731,351	-	89,731,351	
62.3	BLOOD CLOTTING FOR HEMOPHILIACS	-	-	-	-	-	-	-	-	-	-	-	-	
63	BLOOD STORING, PROCESSING & TRANS.	7,325,746	595,042	7,920,788	(13,359)	25,991	(44,531)	(11,794)	7,267,856	609,238	7,877,094	-	7,877,094	
65	RESPIRATORY THERAPY	50,127,653	8,066,907	58,194,560	(17,317,883)	(2,946,864)	(197,356)	(68,571)	32,612,413	5,051,472	37,663,886	-	37,663,886	
66	PHYSICAL THERAPY	7,817,882	460,951	8,278,833	(0)	511	(38,258)	(7,515)	7,779,624	453,947	8,233,572	-	8,233,572	
66.01	SOUTHEAST OUTPATIENT REHAB	-	12,147,853	12,147,853	10,250	(12,200)	-	(788,400)	10,250	11,347,253	11,357,503	-	11,357,503	
66.02	PHYSIATRY	-	-	-	-	-	-	-	-	-	-	-	-	
67	OCCUPATIONAL THERAPY	3,023,416	167,886	3,191,302	-	519	(19,795)	(2,616)	3,003,621	165,789	3,169,409	-	3,169,409	
68	SPEECH PATHOLOGY	1,767,717	94,351	1,862,068	-	(0)	(2,486)	-	1,765,231	94,351	1,859,582	-	1,859,582	
69.01	CV DIAGNOSTIC	7,981,422	21,647,251	29,628,673	13,689	(29,794)	(263,848)	(633,728)	7,731,263	20,983,730	28,714,993	-	28,714,993	
69.02	ELECTROPHYSIOLOGY LAB	-	-	-	-	-	-	-	-	-	-	-	-	
70.01	NEUROPHYSIOLOGY	11,400,745	7,547,536	18,948,281	(444,163)	(235,412)	(102,119)	(299,980)	10,854,462	7,012,144	17,866,606	-	17,866,606	
71	MEDICAL SUPPLIES CHARGED TO PATIENT	-	-	-	60,296,441	45,468,321	(681,878)	(1,200,065)	59,614,563	44,268,256	103,882,819	-	103,882,819	
72	IMPL. DEV. CHARGED TO PATIENTS	-	-	-	65,467,206	48,672,350	(591,676)	(451,221)	64,875,530	48,221,129	113,096,659	-	113,096,659	
73	DRUGS CHARGED TO PATIENTS	58,419,050	86,802,887	145,221,937	(300,613)	(242,797)	(627,450)	(1,604,917)	57,490,988	84,955,173	142,446,161	-	142,446,161	
76	NOT USED	-	-	-	-	-	-	-	-	-	-	-	-	
76.97	CARDIAC REHABILITATION	9,777	994,069	1,003,846	-	(227)	-	(47,109)	9,777	946,733	956,510	-	956,510	
76.98	HYPERBARIC OXYGEN THERAPY	-	-	-	-	-	-	-	-	-	-	-	-	
76.99	LITHOTRIPSY	-	-	-	-	-	-	-	-	-	-	-	-	
	placeholder	-	-	-	-	-	-	-	-	-	-	-	-	
88	RURAL HEALTH CLINIC	-	-	-	-	-	(25)	(8)	(25)	(8)	(33)	-	(33)	
88.01	RURAL HEALTH CLINIC II	-	4,810,242	4,810,242	-	-	(8)	(114,854)	(8)	4,695,388	4,695,380	-	4,695,380	
88.02	RURAL HEALTH CLINIC III	-	4,833,028	4,833,028	-	-	-	(51,584)	-	4,781,444	4,781,444	-	4,781,444	
90.01	HYPERBARIC WOUND CLINIC	121,571	6,232,066	6,353,637	(13,069)	(455,462)	-	(928,303)	108,502	4,848,301	4,956,804	-	4,956,804	
90.02	DIABETES CENTER	191	102,672	102,863	-	-	-	(6,279)	191	96,393	96,584	-	96,584	
91	EMERGENCY	9,926,883	53,823,308	63,750,191	(3,895,821)	(10,386,468)	(130,247)	(16,656,196)	5,900,815	26,780,644	32,681,459	-	32,681,459	
91.01	G.I. LABORATORY	1,390,389	7,142,285	8,532,674	(12,532)	(59,540)	(10,521)	(463,054)	1,367,336	6,619,691	7,987,027	-	7,987,027	
92	OBSERVATION BEDS (NON-DISTINCT PART)	-	-	-	4,040,975	7,821,138	(62,390)	(166,162)	3,978,585	7,654,976	11,633,562	-	11,633,562	
	placeholder	-	-	-	-	-	-	-	-	-	-	-	-	
101	HOME HEALTH AGENCY	-	1,267,303	1,267,303	-	-	-	-	-	1,267,303	1,267,303	-	1,267,303	
	placeholder	-	-	-	-	-	-	-	-	-	-	-	-	
113	INTEREST EXPENSE	-	-	-	-	-	-	-	-	-	-	-	-	
116	HOSPICE	-	1,373,296	1,373,296	-	-	-	(3,387)	-	1,369,909	1,369,909	-	1,369,909	
118	Total W/S C Charges	477,832,662	604,588,476	1,082,421,138	(4,809,503)	(1,118,518)	(5,725,274)	(59,539,530)	467,297,885	543,930,428	1,011,228,313	-	1,011,228,313	

Client Name: **Southeast Health**
Engagement: **CR2018**
Period Ending: **12/31/18**
Workpaper: **C.01 - Patient Revenue Summary**

-

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

CMS Line	CMS Description	A	B	C	D		E		F		G	H	I	J
		Inpatient Revenue	Outpatient Revenue	Total Revenue	Reclassifications		Adjustments		Adjusted Inpatient Revenue	Adjusted Outpatient Revenue	Adjusted Total Revenue			
		G.6	G.6	crossfoot	Inpatient Amount	Outpatient Amount	Inpatient Amount	Outpatient Amount	C.02	C.02	C.03	C.03	A+D+F	B+E+G
	Excluded from Worksheet C (include for W/S G Schedules)	-	-	-	-	-	-	-	-	-	-	-	-	-
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-	-	-	-	-	-	-	-	-	-	-	-	-
191.01	RESPITE CARE	-	-	-	-	-	-	-	-	-	-	-	-	-
192	Physician PPO	-	(5,928,020)	(5,928,020)	1,443,907	4,484,114	-	-	-	-	1,443,907	(1,443,906)	1	
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	-	37,012,969	37,012,969	-	-	-	-	-	-	-	37,012,969	37,012,969	
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	477,832,662	635,673,425	1,113,506,087	(3,365,596)	3,365,596	(5,725,274)	(59,539,530)	468,741,792	579,499,491	1,048,241,283			

Total B-1 col 9

Total per Financial Statements:

	1,113,506,097	G.2		(166,398)
Difference - Explain	(10)			
	0			
acct grouped in ca on cost report and patient revenue on audit	0		A&P	26,320,833
			less private	
			R&B	0 S3.04
			D-1 line 28	<u>26,320,833</u>
Difference - Explain	rounding	<u>(10)</u>		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Title XIX		Hospital		Cost				
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,983,108		29,983,108	20,096	30,003,204	30.00
33.01	03301	ADULT SPECIAL CARE	5,962,725		5,962,725	0	5,962,725	33.01
34.01	03401	CARDIOTHORACIC ICU	5,152,645		5,152,645	0	5,152,645	34.01
40.00	04000	SUBPROVIDER - IPF	883,104		883,104	0	883,104	40.00
41.00	04100	SUBPROVIDER - IRF	1,842,574		1,842,574	28,810	1,871,384	41.00
43.00	04300	NURSERY	1,306,419		1,306,419	0	1,306,419	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,601,456		18,601,456	0	18,601,456	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,312,974		2,312,974	0	2,312,974	52.00
53.00	05300	ANESTHESIOLOGY	2,268,830		2,268,830	53,442	2,322,272	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,391,260		6,391,260	0	6,391,260	54.00
54.01	05401	ULTRASOUND	1,149,350		1,149,350	0	1,149,350	54.01
54.03	05403	CARDIOVASCULAR LAB	6,682,398		6,682,398	4,216	6,686,614	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,325,616		5,325,616	0	5,325,616	55.00
55.01	05501	CHEMOTHERAPY	2,006,319		2,006,319	0	2,006,319	55.01
56.01	05601	NUCLEAR MEDICINE	2,034,211		2,034,211	0	2,034,211	56.01
57.00	05700	CT SCAN	2,909,177		2,909,177	0	2,909,177	57.00
58.00	05800	MRI	1,254,431		1,254,431	0	1,254,431	58.00
60.00	06000	LABORATORY	13,143,807		13,143,807	0	13,143,807	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,352,453		1,352,453	0	1,352,453	63.00
65.00	06500	RESPIRATORY THERAPY	4,347,132	0	4,347,132	0	4,347,132	65.00
66.00	06600	PHYSICAL THERAPY	1,567,028	0	1,567,028	0	1,567,028	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,218,680	0	3,218,680	0	3,218,680	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	497,576	0	497,576	0	497,576	67.00
68.00	06800	SPEECH PATHOLOGY	266,653	0	266,653	0	266,653	68.00
69.01	06901	CV DIAGNOSTIC	2,100,225		2,100,225	0	2,100,225	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,691,681		1,691,681	0	1,691,681	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,329,864		18,329,864	0	18,329,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,506,425		25,506,425	0	25,506,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,628,086		37,628,086	0	37,628,086	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	551,696		551,696	0	551,696	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	5,123,196		5,123,196	0	5,123,196	88.01
88.02	08802	RURAL HEALTH CLINIC III	4,188,352		4,188,352	0	4,188,352	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	806,252		806,252	0	806,252	90.01
90.02	09002	DIABETES CENTER	437,632		437,632	0	437,632	90.02
91.00	09100	EMERGENCY	7,776,692		7,776,692	274,520	8,051,212	91.00
91.01	09101	G.I. LABORATORY	1,639,582		1,639,582	21,072	1,660,654	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,984,480		4,984,480	0	4,984,480	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,955,830		1,955,830	0	1,955,830	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	2,191,970		2,191,970	0	2,191,970	116.00
200.00		Subtotal (see instructions)	235,371,889	0	235,371,889	402,156	235,774,045	200.00
201.00		Less Observation Beds	4,984,480		4,984,480	0	4,984,480	201.00
202.00		Total (see instructions)	230,387,409	0	230,387,409	402,156	230,789,565	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:10 am

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	26,320,833		26,320,833				30.00
33.01	03301	ADULT SPECIAL CARE	7,862,740		7,862,740				33.01
34.01	03401	CARDIOTHORACIC ICU	4,589,584		4,589,584				34.01
40.00	04000	SUBPROVIDER - IPF	869,396		869,396				40.00
41.00	04100	SUBPROVIDER - IRF	1,476,260		1,476,260				41.00
43.00	04300	NURSERY	2,111,787		2,111,787				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	56,996,132	57,261,042	114,257,174	0.162803	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,113,341	109,136	5,222,477	0.442888	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	14,335,851	12,511,801	26,847,652	0.084508	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,551,918	19,617,839	28,169,757	0.226884	0.000000		54.00
54.01	05401	ULTRASOUND	2,963,947	8,803,393	11,767,340	0.097673	0.000000		54.01
54.03	05403	CARDIOVASCULAR LAB	11,961,959	22,445,739	34,407,698	0.194212	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	260,229	17,086,896	17,347,125	0.307003	0.000000		55.00
55.01	05501	CHEMOTHERAPY	18,949	4,982,589	5,001,538	0.401140	0.000000		55.01
56.01	05601	NUCLEAR MEDICINE	1,174,637	14,063,104	15,237,741	0.133498	0.000000		56.01
57.00	05700	CT SCAN	13,133,337	40,516,113	53,649,450	0.054226	0.000000		57.00
58.00	05800	MRI	3,539,078	16,225,104	19,764,182	0.063470	0.000000		58.00
60.00	06000	LABORATORY	41,646,933	48,084,418	89,731,351	0.146480	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.	7,267,856	609,238	7,877,094	0.171694	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	32,612,413	5,051,472	37,663,885	0.115419	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	7,779,624	453,947	8,233,571	0.190322	0.000000		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	10,250	11,347,253	11,357,503	0.283397	0.000000		66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	3,003,621	165,789	3,169,410	0.156993	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,765,231	94,351	1,859,582	0.143394	0.000000		68.00
69.01	06901	CV DIAGNOSTIC	7,731,263	20,983,730	28,714,993	0.073140	0.000000		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	10,854,462	7,012,144	17,866,606	0.094684	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,614,563	44,268,256	103,882,819	0.176448	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,875,530	48,221,129	113,096,659	0.225528	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,490,988	84,955,173	142,446,161	0.264157	0.000000		73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	9,777	946,733	956,510	0.576780	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	4,695,388	4,695,388	1.091112	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	4,805,009	4,805,009	0.871664	0.000000		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	108,502	4,848,301	4,956,803	0.162656	0.000000		90.01
90.02	09002	DIABETES CENTER	191	96,393	96,584	4.531102	0.000000		90.02
91.00	09100	EMERGENCY	5,900,815	26,780,644	32,681,459	0.237954	0.000000		91.00
91.01	09101	G.I. LABORATORY	1,367,336	6,619,691	7,987,027	0.205281	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,978,585	7,654,976	11,633,561	0.428457	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	1,267,303	1,267,303				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	1,369,909	1,369,909				116.00
200.00		Subtotal (see instructions)	467,297,918	543,954,003	1,011,251,921				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	467,297,918	543,954,003	1,011,251,921				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0110

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		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	LI THOTRI PSY	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 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 9:10 am
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	3,828,800	0	3,828,800	37,422	102.31	30.00
33.01	ADULT SPECIAL CARE	622,368		622,368	3,453	180.24	33.01
34.01	CARDIOTHORACIC ICU	818,573		818,573	2,974	275.24	34.01
40.00	SUBPROVIDER - IPF	143,071	0	143,071	898	159.32	40.00
41.00	SUBPROVIDER - IRF	255,528	0	255,528	2,284	111.88	41.00
43.00	NURSERY	126,923		126,923	2,521	50.35	43.00
200.00	Total (lines 30 through 199)	5,795,263		5,795,263	49,552		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	17,197	1,759,425				
33.01	ADULT SPECIAL CARE	1,829	329,659				
34.01	CARDIOTHORACIC ICU	1,706	469,559				
40.00	SUBPROVIDER - IPF	176	28,040				
41.00	SUBPROVIDER - IRF	1,667	186,504				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	22,575	2,773,187				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center Description			Capital Related Cost (from Wkst. C, 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	2,820,216	114,257,174	0.024683	29,234,351	721,591	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,682	5,222,477	0.043980	54,208	2,384	52.00
53.00	05300	ANESTHESIOLOGY	509,320	26,847,652	0.018971	7,021,263	133,200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,085,669	28,169,757	0.038540	5,148,539	198,425	54.00
54.01	05401	ULTRASOUND	91,578	11,767,340	0.007782	1,560,438	12,143	54.01
54.03	05403	CARDIOVASCULAR LAB	1,089,873	34,407,698	0.031675	6,862,997	217,385	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,779,242	17,347,125	0.102567	123,221	12,638	55.00
55.01	05501	CHEMOTHERAPY	412,367	5,001,538	0.082448	14,351	1,183	55.01
56.01	05601	NUCLEAR MEDICINE	216,760	15,237,741	0.014225	793,117	11,282	56.01
57.00	05700	CT SCAN	656,290	53,649,450	0.012233	8,472,293	103,642	57.00
58.00	05800	MRI	170,954	19,764,182	0.008650	2,051,783	17,748	58.00
60.00	06000	LABORATORY	1,061,777	89,731,351	0.011833	24,037,250	284,433	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.	48,577	7,877,094	0.006167	4,185,194	25,810	63.00
65.00	06500	RESPIRATORY THERAPY	578,857	37,663,885	0.015369	18,073,785	277,776	65.00
66.00	06600	PHYSICAL THERAPY	96,190	8,233,571	0.011683	3,869,222	45,204	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	387,909	11,357,503	0.034154	6,740	230	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	28,741	3,169,410	0.009068	871,979	7,907	67.00
68.00	06800	SPEECH PATHOLOGY	14,309	1,859,582	0.007695	728,279	5,604	68.00
69.01	06901	CV DIAGNOSTIC	250,973	28,714,993	0.008740	4,769,087	41,682	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	570,107	17,866,606	0.031909	5,621,483	179,376	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	884,158	103,882,819	0.008511	32,733,923	278,598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,596	113,096,659	0.010757	32,740,312	352,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,154,116	142,446,161	0.015122	32,631,993	493,461	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	84,027	956,510	0.087847	7,755	681	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	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	507,840	4,695,388	0.108157	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	310,521	4,805,009	0.064624	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	135,356	4,956,803	0.027307	75,599	2,064	90.01
90.02	09002	DIABETES CENTER	90,918	96,584	0.941336	0	0	90.02
91.00	09100	EMERGENCY	638,833	32,681,459	0.019547	3,874,923	75,743	91.00
91.01	09101	G. I. LABORATORY	423,649	7,987,027	0.053042	859,117	45,569	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	636,084	11,633,561	0.054677	2,326,601	127,212	92.00
200.00		Total (lines 50 through 199)	19,181,489	965,384,109		228,749,803	3,675,159	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,156,266	0	0	30.00	
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	33.01	
34.01	03401	CARDIOTHORACIC ICU	0	17,231	0	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	56,022	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	12,563	0	0	43.00	
200.00		Total (lines 30 through 199)	0	1,242,082	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	1,156,266	37,422	30.90	17,197	
33.01	03301	ADULT SPECIAL CARE		0	3,453	0.00	1,829	
34.01	03401	CARDIOTHORACIC ICU		17,231	2,974	5.79	1,706	
40.00	04000	SUBPROVIDER - IPF	0	56,022	898	62.39	176	
41.00	04100	SUBPROVIDER - IRF	0	0	2,284	0.00	1,667	
43.00	04300	NURSERY		12,563	2,521	4.98	0	
200.00		Total (lines 30 through 199)		1,242,082	49,552		22,575	
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	531,387					30.00
33.01	03301	ADULT SPECIAL CARE	0					33.01
34.01	03401	CARDIOTHORACIC ICU	9,878					34.01
40.00	04000	SUBPROVIDER - IPF	10,981					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	552,246					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	29,189	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	75,121	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	88,933	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	46,770	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	33,685	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	217,307	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	42,781	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	192,092	0	0	92.00
200.00		Total (Lines 50 through 199)	0	0	508,571	0	217,307	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Title XVIII	Hospital	PPS
							4.00	5.00	6.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	29,189	29,189	114,257,174	0.000255	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	75,121	75,121	5,222,477	0.014384	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	26,847,652	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,933	88,933	28,169,757	0.003157	54.00	
54.01	05401	ULTRASOUND	0	0	0	11,767,340	0.000000	54.01	
54.03	05403	CARDIOVASCULAR LAB	0	46,770	46,770	34,407,698	0.001359	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,347,125	0.000000	55.00	
55.01	05501	CHEMOTHERAPY	0	0	0	5,001,538	0.000000	55.01	
56.01	05601	NUCLEAR MEDICINE	0	0	0	15,237,741	0.000000	56.01	
57.00	05700	CT SCAN	0	0	0	53,649,450	0.000000	57.00	
58.00	05800	MRI	0	0	0	19,764,182	0.000000	58.00	
60.00	06000	LABORATORY	0	33,685	33,685	89,731,351	0.000375	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	7,877,094	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,663,885	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	8,233,571	0.000000	66.00	
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	11,357,503	0.000000	66.01	
66.02	06602	PHYSIATRY	0	0	0	0	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,169,410	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,859,582	0.000000	68.00	
69.01	06901	CV DIAGNOSTIC	0	0	0	28,714,993	0.000000	69.01	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000	69.02	
70.01	07001	NEUROPHYSIOLOGY	0	0	0	17,866,606	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	103,882,819	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,096,659	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	217,307	217,307	142,446,161	0.001526	73.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	956,510	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
76.99	07699	LI THOTRIpsy	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	4,695,388	0.000000	88.01	
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	4,805,009	0.000000	88.02	
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	4,956,803	0.000000	90.01	
90.02	09002	DIABETES CENTER	0	0	0	96,584	0.000000	90.02	
91.00	09100	EMERGENCY	0	42,781	42,781	32,681,459	0.001309	91.00	
91.01	09101	G.I. LABORATORY	0	0	0	7,987,027	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	192,092	192,092	11,633,561	0.016512	92.00	
200.00		Total (lines 50 through 199)	0	725,878	725,878	965,384,109		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000255	29,234,351	7,455	17,030,679	4,343	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.014384	54,208	780	5,266	76	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	7,021,263	0	3,335,662	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003157	5,148,539	16,254	6,000,078	18,942	54.00
54.01	05401 ULTRASOUND	0.000000	1,560,438	0	2,039,868	0	54.01
54.03	05403 CARDIOVASCULAR LAB	0.001359	6,862,997	9,327	10,852,641	14,749	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	123,221	0	8,591,372	0	55.00
55.01	05501 CHEMOTHERAPY	0.000000	14,351	0	2,480,983	0	55.01
56.01	05601 NUCLEAR MEDICINE	0.000000	793,117	0	7,384,076	0	56.01
57.00	05700 CT SCAN	0.000000	8,472,293	0	17,549,852	0	57.00
58.00	05800 MRI	0.000000	2,051,783	0	7,082,250	0	58.00
60.00	06000 LABORATORY	0.000375	24,037,250	9,014	11,399,723	4,275	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	4,185,194	0	149,821	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	18,073,785	0	2,061,716	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,869,222	0	89,909	0	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.000000	6,740	0	122,164	0	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	871,979	0	25,980	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	728,279	0	10,674	0	68.00
69.01	06901 CV DIAGNOSTIC	0.000000	4,769,087	0	10,374,833	0	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.000000	5,621,483	0	2,396,520	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	32,733,923	0	16,104,524	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,740,312	0	17,404,344	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001526	32,631,993	49,796	46,190,579	70,487	73.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	7,755	0	490,813	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPTY	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	75,599	0	2,975,279	0	90.01
90.02	09002 DIABETES CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.001309	3,874,923	5,072	5,500,583	7,200	91.00
91.01	09101 G.I. LABORATORY	0.000000	859,117	0	2,526,522	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.016512	2,326,601	38,417	2,066,645	34,124	92.00
200.00	Total (lines 50 through 199)		228,749,803	136,115	202,243,356	154,196	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.162803	17,030,679	0	0	2,772,646 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.442888	5,266	0	0	2,332 52.00
53.00 05300 ANESTHESIOLOGY	0.084508	3,335,662	0	0	281,890 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.226884	6,000,078	0	0	1,361,322 54.00
54.01 05401 ULTRASOUND	0.097673	2,039,868	0	0	199,240 54.01
54.03 05403 CARDIOVASCULAR LAB	0.194212	10,852,641	0	0	2,107,713 54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.307003	8,591,372	0	0	2,637,577 55.00
55.01 05501 CHEMOTHERAPY	0.401140	2,480,983	0	0	995,222 55.01
56.01 05601 NUCLEAR MEDICINE	0.133498	7,384,076	0	1	985,759 56.01
57.00 05700 CT SCAN	0.054226	17,549,852	0	0	951,658 57.00
58.00 05800 MRI	0.063470	7,082,250	0	0	449,510 58.00
60.00 06000 LABORATORY	0.146480	11,399,723	0	0	1,669,831 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.	0.171694	149,821	0	0	25,723 63.00
65.00 06500 RESPIRATORY THERAPY	0.115419	2,061,716	0	0	237,961 65.00
66.00 06600 PHYSICAL THERAPY	0.190322	89,909	0	0	17,112 66.00
66.01 06601 SOUTHEAST OUTPATIENT REHAB	0.283397	122,164	0	0	34,621 66.01
66.02 06602 PHYSIATRY	0.000000	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.156993	25,980	0	0	4,079 67.00
68.00 06800 SPEECH PATHOLOGY	0.143394	10,674	0	0	1,531 68.00
69.01 06901 CV DIAGNOSTIC	0.073140	10,374,833	0	0	758,815 69.01
69.02 06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0 69.02
70.01 07001 NEUROPHYSIOLOGY	0.094684	2,396,520	0	0	226,912 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	16,104,524	0	0	2,841,611 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.225528	17,404,344	0	0	3,925,167 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.264157	46,190,579	0	9,251	12,201,565 73.00
76.00 03950 CARDIAC REHAB	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.576780	490,813	0	0	283,091 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99 07699 LI THOTRI PSY	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	0.162656	2,975,279	0	3	483,947 90.01
90.02 09002 DIABETES CENTER	4.531102	0	0	0	0 90.02
91.00 09100 EMERGENCY	0.237954	5,500,583	0	0	1,308,886 91.00
91.01 09101 G.I. LABORATORY	0.205281	2,526,522	0	0	518,647 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.428457	2,066,645	0	0	885,469 92.00
200.00 Subtotal (see instructions)		202,243,356	0	9,255	38,169,837 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 - line 201)		202,243,356	0	9,255	38,169,837 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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	0	2,444		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 LI THOTRI PSY	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)	0	2,444		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	2,444		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0110 Component CCN: 26-S110		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 9:10 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,820,216	114,257,174	0.024683	509	13	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,682	5,222,477	0.043980	0	0	52.00
53.00	05300	ANESTHESIOLOGY	509,320	26,847,652	0.018971	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,085,669	28,169,757	0.038540	2,058	79	54.00
54.01	05401	ULTRASOUND	91,578	11,767,340	0.007782	1,053	8	54.01
54.03	05403	CARDIOVASCULAR LAB	1,089,873	34,407,698	0.031675	8	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,779,242	17,347,125	0.102567	5	1	55.00
55.01	05501	CHEMOTHERAPY	412,367	5,001,538	0.082448	20	2	55.01
56.01	05601	NUCLEAR MEDICINE	216,760	15,237,741	0.014225	0	0	56.01
57.00	05700	CT SCAN	656,290	53,649,450	0.012233	6,287	77	57.00
58.00	05800	MRI	170,954	19,764,182	0.008650	2	0	58.00
60.00	06000	LABORATORY	1,061,777	89,731,351	0.011833	73,671	872	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.	48,577	7,877,094	0.006167	91	1	63.00
65.00	06500	RESPIRATORY THERAPY	578,857	37,663,885	0.015369	24,817	381	65.00
66.00	06600	PHYSICAL THERAPY	96,190	8,233,571	0.011683	3,234	38	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	387,909	11,357,503	0.034154	6	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	28,741	3,169,410	0.009068	19	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,309	1,859,582	0.007695	1,517	12	68.00
69.01	06901	CV DIAGNOSTIC	250,973	28,714,993	0.008740	8,441	74	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	570,107	17,866,606	0.031909	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	884,158	103,882,819	0.008511	7,933	68	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,596	113,096,659	0.010757	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,154,116	142,446,161	0.015122	33,908	513	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	84,027	956,510	0.087847	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	507,840	4,695,388	0.108157	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	310,521	4,805,009	0.064624	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	135,356	4,956,803	0.027307	240	7	90.01
90.02	09002	DIABETES CENTER	90,918	96,584	0.941336	0	0	90.02
91.00	09100	EMERGENCY	638,833	32,681,459	0.019547	43,069	842	91.00
91.01	09101	G.I. LABORATORY	423,649	7,987,027	0.053042	2	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,633,561	0.000000	3,634	0	92.00
200.00		Total (lines 50 through 199)	18,545,405	965,384,109		210,524	2,988	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	29,189	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	75,121	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	88,933	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
54.03	05403 CARDIOVASCULAR LAB	0	0	46,770	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	33,685	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	217,307	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 LI THOTRI PSY	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	42,781	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	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	316,479	0	217,307	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0110 Component CCN: 26-S110		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29,189	29,189	114,257,174	0.000255	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	75,121	75,121	5,222,477	0.014384	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,847,652	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,933	88,933	28,169,757	0.003157	54.00
54.01	05401	ULTRASOUND	0	0	0	11,767,340	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0	46,770	46,770	34,407,698	0.001359	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,347,125	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	5,001,538	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	15,237,741	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	53,649,450	0.000000	57.00
58.00	05800	MRI	0	0	0	19,764,182	0.000000	58.00
60.00	06000	LABORATORY	0	33,685	33,685	89,731,351	0.000375	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	7,877,094	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,663,885	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,233,571	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	11,357,503	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,169,410	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,859,582	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	28,714,993	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	17,866,606	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	103,882,819	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,096,659	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	217,307	217,307	142,446,161	0.001526	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	956,510	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	4,695,388	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	4,805,009	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	4,956,803	0.000000	90.01
90.02	09002	DIABETES CENTER	0	0	0	96,584	0.000000	90.02
91.00	09100	EMERGENCY	0	42,781	42,781	32,681,459	0.001309	91.00
91.01	09101	G.I. LABORATORY	0	0	0	7,987,027	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,633,561	0.000000	92.00
200.00		Total (lines 50 through 199)	0	533,786	533,786	965,384,109		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am
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Title XVIII		Subprovider - IPF	PPS
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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	0.000255	509	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.014384	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.003157	2,058	6	0	0	54.00
54.01 05401 ULTRASOUND	0.000000	1,053	0	0	0	54.01
54.03 05403 CARDIOVASCULAR LAB	0.001359	8	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	5	0	0	0	55.00
55.01 05501 CHEMOTHERAPY	0.000000	20	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	6,287	0	0	0	57.00
58.00 05800 MRI	0.000000	2	0	0	0	58.00
60.00 06000 LABORATORY	0.000375	73,671	28	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	91	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	24,817	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	3,234	0	0	0	66.00
66.01 06601 SOUTHEAST OUTPATIENT REHAB	0.000000	6	0	0	0	66.01
66.02 06602 PHYSIATRY	0.000000	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.000000	19	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	1,517	0	0	0	68.00
69.01 06901 CV DIAGNOSTIC	0.000000	8,441	0	0	0	69.01
69.02 06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01 07001 NEUROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,933	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	0.001526	33,908	52	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 LI THOTRI PSY	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	240	0	0	0	90.01
90.02 09002 DIABETES CENTER	0.000000	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.001309	43,069	56	0	0	91.00
91.01 09101 G. I. LABORATORY	0.000000	2	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,634	0	0	0	92.00
200.00 Total (lines 50 through 199)		210,524	142	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 9:10 am		
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	2,820,216	114,257,174	0.024683	20,408	504	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,682	5,222,477	0.043980	0	0	52.00
53.00	05300	ANESTHESIOLOGY	509,320	26,847,652	0.018971	5,091	97	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,085,669	28,169,757	0.038540	27,435	1,057	54.00
54.01	05401	ULTRASOUND	91,578	11,767,340	0.007782	16,392	128	54.01
54.03	05403	CARDIOVASCULAR LAB	1,089,873	34,407,698	0.031675	2,975	94	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,779,242	17,347,125	0.102567	61	6	55.00
55.01	05501	CHEMOTHERAPY	412,367	5,001,538	0.082448	131	11	55.01
56.01	05601	NUCLEAR MEDICINE	216,760	15,237,741	0.014225	2,743	39	56.01
57.00	05700	CT SCAN	656,290	53,649,450	0.012233	59,667	730	57.00
58.00	05800	MRI	170,954	19,764,182	0.008650	25,890	224	58.00
60.00	06000	LABORATORY	1,061,777	89,731,351	0.011833	224,366	2,655	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.	48,577	7,877,094	0.006167	25,441	157	63.00
65.00	06500	RESPIRATORY THERAPY	578,857	37,663,885	0.015369	145,651	2,239	65.00
66.00	06600	PHYSICAL THERAPY	96,190	8,233,571	0.011683	1,181,263	13,801	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	387,909	11,357,503	0.034154	3,494	119	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	28,741	3,169,410	0.009068	1,077,745	9,773	67.00
68.00	06800	SPEECH PATHOLOGY	14,309	1,859,582	0.007695	459,851	3,539	68.00
69.01	06901	CV DIAGNOSTIC	250,973	28,714,993	0.008740	18,975	166	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	570,107	17,866,606	0.031909	7,054	225	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	884,158	103,882,819	0.008511	234,940	2,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,596	113,096,659	0.010757	1,826	20	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,154,116	142,446,161	0.015122	365,444	5,526	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	84,027	956,510	0.087847	3	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	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	507,840	4,695,388	0.108157	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	310,521	4,805,009	0.064624	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	135,356	4,956,803	0.027307	2,767	76	90.01
90.02	09002	DIABETES CENTER	90,918	96,584	0.941336	0	0	90.02
91.00	09100	EMERGENCY	638,833	32,681,459	0.019547	17,094	334	91.00
91.01	09101	G.I. LABORATORY	423,649	7,987,027	0.053042	2,510	133	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,633,561	0.000000	7,192	0	92.00
200.00		Total (lines 50 through 199)	18,545,405	965,384,109		3,936,409	43,653	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am
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	29,189	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	75,121	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	88,933	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
54.03	05403 CARDIOVASCULAR LAB	0	0	46,770	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	33,685	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	217,307	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 LI THOTRIpsy	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	42,781	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	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	316,479	0	217,307	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0110 Component CCN: 26-T110		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col . 8)	Ratio of Cost to Charges (col . 5 ÷ col . 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29,189	29,189	114,257,174	0.000255	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	75,121	75,121	5,222,477	0.014384	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,847,652	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,933	88,933	28,169,757	0.003157	54.00
54.01	05401	ULTRASOUND	0	0	0	11,767,340	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	0	46,770	46,770	34,407,698	0.001359	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,347,125	0.000000	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	5,001,538	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	15,237,741	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	53,649,450	0.000000	57.00
58.00	05800	MRI	0	0	0	19,764,182	0.000000	58.00
60.00	06000	LABORATORY	0	33,685	33,685	89,731,351	0.000375	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	7,877,094	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,663,885	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,233,571	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	11,357,503	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,169,410	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,859,582	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	28,714,993	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	17,866,606	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	103,882,819	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,096,659	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	217,307	217,307	142,446,161	0.001526	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	956,510	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	4,695,388	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	4,805,009	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	4,956,803	0.000000	90.01
90.02	09002	DIABETES CENTER	0	0	0	96,584	0.000000	90.02
91.00	09100	EMERGENCY	0	42,781	42,781	32,681,459	0.001309	91.00
91.01	09101	G.I. LABORATORY	0	0	0	7,987,027	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,633,561	0.000000	92.00
200.00		Total (lines 50 through 199)	0	533,786	533,786	965,384,109		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:10 am
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	0.000255	20,408	5	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.014384	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	5,091	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.003157	27,435	87	0	0	54.00
54.01 05401 ULTRASOUND	0.000000	16,392	0	0	0	54.01
54.03 05403 CARDIOVASCULAR LAB	0.001359	2,975	4	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	61	0	0	0	55.00
55.01 05501 CHEMOTHERAPY	0.000000	131	0	0	0	55.01
56.01 05601 NUCLEAR MEDICINE	0.000000	2,743	0	0	0	56.01
57.00 05700 CT SCAN	0.000000	59,667	0	0	0	57.00
58.00 05800 MRI	0.000000	25,890	0	0	0	58.00
60.00 06000 LABORATORY	0.000375	224,366	84	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	25,441	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	145,651	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	1,181,263	0	0	0	66.00
66.01 06601 SOUTHEAST OUTPATIENT REHAB	0.000000	3,494	0	0	0	66.01
66.02 06602 PHYSIATRY	0.000000	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.000000	1,077,745	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	459,851	0	0	0	68.00
69.01 06901 CV DIAGNOSTIC	0.000000	18,975	0	0	0	69.01
69.02 06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01 07001 NEUROPHYSIOLOGY	0.000000	7,054	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	234,940	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,826	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001526	365,444	558	0	0	73.00
76.00 03950 CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	3	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	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	2,767	0	0	0	90.01
90.02 09002 DIABETES CENTER	0.000000	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.001309	17,094	22	0	0	91.00
91.01 09101 G.I. LABORATORY	0.000000	2,510	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	7,192	0	0	0	92.00
200.00 Total (lines 50 through 199)		3,936,409	760	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:10 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.162803	0	2,497,571	0	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.442888	0	31,877	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.084508	0	746,345	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.226884	0	928,029	0	0 54.00
54.01 05401 ULTRASOUND	0.097673	0	591,480	0	0 54.01
54.03 05403 CARDIOVASCULAR LAB	0.194212	0	1,283,978	0	0 54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.307003	0	1,174,895	0	0 55.00
55.01 05501 CHEMOTHERAPY	0.401140	0	370,454	0	0 55.01
56.01 05601 NUCLEAR MEDICINE	0.133498	0	645,980	0	0 56.01
57.00 05700 CT SCAN	0.054226	0	2,753,801	0	0 57.00
58.00 05800 MRI	0.063470	0	782,605	0	0 58.00
60.00 06000 LABORATORY	0.146480	0	4,204,623	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.	0.171694	0	45,215	0	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.115419	0	477,307	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.190322	0	3,169	0	0 66.00
66.01 06601 SOUTHEAST OUTPATIENT REHAB	0.283397	0	210,411	0	0 66.01
66.02 06602 PHYSIATRY	0.000000	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.156993	0	8,710	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.143394	0	5,741	0	0 68.00
69.01 06901 CV DIAGNOSTIC	0.073140	0	1,139,926	0	0 69.01
69.02 06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0 69.02
70.01 07001 NEUROPHYSIOLOGY	0.094684	0	509,294	0	0 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	0	2,140,024	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.225528	0	2,790,645	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.264157	0	4,632,977	0	0 73.00
76.00 03950 CARDIAC REHAB	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.576780	0	25,718	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99 07699 LI THOTRIPSY	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	1.091112				0 88.01
88.02 08802 RURAL HEALTH CLINIC III	0.871664				0 88.02
90.01 09001 HYPERBARIC WOUND CLINIC	0.162656	0	291,396	0	0 90.01
90.02 09002 DIABETES CENTER	4.531102	0	8,927	0	0 90.02
91.00 09100 EMERGENCY	0.237954	0	2,912,966	0	0 91.00
91.01 09101 G.I. LABORATORY	0.205281	0	334,832	0	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.428457	0	702,906	0	0 92.00
200.00 Subtotal (see instructions)		0	32,251,802	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	32,251,802	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:10 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	406,612	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	14,118	0		52.00
53.00 05300 ANESTHESIOLOGY	63,072	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	210,555	0		54.00
54.01 05401 ULTRASOUND	57,772	0		54.01
54.03 05403 CARDIOVASCULAR LAB	249,364	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	360,696	0		55.00
55.01 05501 CHEMOTHERAPY	148,604	0		55.01
56.01 05601 NUCLEAR MEDICINE	86,237	0		56.01
57.00 05700 CT SCAN	149,328	0		57.00
58.00 05800 MRI	49,672	0		58.00
60.00 06000 LABORATORY	615,893	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	7,763	0		63.00
65.00 06500 RESPIRATORY THERAPY	55,090	0		65.00
66.00 06600 PHYSICAL THERAPY	603	0		66.00
66.01 06601 SOUTHEAST OUTPATIENT REHAB	59,630	0		66.01
66.02 06602 PHYSIATRY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	1,367	0		67.00
68.00 06800 SPEECH PATHOLOGY	823	0		68.00
69.01 06901 CV DIAGNOSTIC	83,374	0		69.01
69.02 06902 ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01 07001 NEUROPHYSIOLOGY	48,222	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	377,603	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	629,369	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,223,833	0		73.00
76.00 03950 CARDIAC REHAB	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	14,834	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRIPSY	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	47,397	0		90.01
90.02 09002 DIABETES CENTER	40,449	0		90.02
91.00 09100 EMERGENCY	693,152	0		91.00
91.01 09101 G.I. LABORATORY	68,735	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	301,165	0		92.00
200.00 Subtotal (see instructions)	6,065,332	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	6,065,332	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,422	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,422	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)		31,205	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		17,197	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,003,204	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		30,003,204	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		30,003,204	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)		801.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,787,695	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)		13,787,695	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am		
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)	
Intensive Care Type Inpatient Hospital Units			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
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		5,962,725	3,453	1,726.82	1,829	3,158,354	45.01
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
46.01	CARDIOTHORACIC ICU		5,152,645	2,974	1,732.56	1,706	2,955,747	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)						40,896,965	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						60,798,761	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)						3,099,908	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,811,274	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						6,911,182	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53,887,579	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)						6,217	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						801.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						4,984,480	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,828,800	30,003,204	0.127613	4,984,480	636,084	90.00
91.00	Nursing School cost	1,156,266	30,003,204	0.038538	4,984,480	192,092	91.00
92.00	Allied health cost	0	30,003,204	0.000000	4,984,480	0	92.00
93.00	All other Medical Education	0	30,003,204	0.000000	4,984,480	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am
		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)			898 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			898 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)			898 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)			176 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)			883,104 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)			883,104 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)			883,104 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)			983.41 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			173,080 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)			173,080 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
				Component CCN: 26-S110		Date/Time Prepared: 5/30/2019 9:10 am
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
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)					38,696	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					211,776	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)					39,021	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,130	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					42,151	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					169,625	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 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	143,071	883,104	0.162009	0	0	90.00
91.00	Nursing School cost	56,022	883,104	0.063438	0	0	91.00
92.00	Allied health cost	0	883,104	0.000000	0	0	92.00
93.00	All other Medical Education	0	883,104	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am
		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)		2,284	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,284	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)		2,284	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)		1,667	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)		1,871,384	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)		1,871,384	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)		1,871,384	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)		819.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,365,856	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)		1,365,856	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
				Component CCN: 26-T110		Date/Time Prepared: 5/30/2019 9:10 am
				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)					681,199	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,047,055	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)					186,504	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,413	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					230,917	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,816,138	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 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	255,528	1,871,384	0.136545	0	0	90.00
91.00	Nursing School cost	0	1,871,384	0.000000	0	0	91.00
92.00	Allied health cost	0	1,871,384	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,871,384	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,422	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,422	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)		31,205	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)		2,300	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)		2,521	15.00
16.00	Nursery days (title V or XIX only)		156	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)		29,983,108	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)		29,983,108	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)		29,983,108	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)		801.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,842,806	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)		1,842,806	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am	
Title XIX			Hospital		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)	1,306,419	2,521	518.21	156	80,841	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	5,962,725	3,453	1,726.82	419	723,538	45.01
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
46.01 CARDIOTHORACIC ICU	5,152,645	2,974	1,732.56	278	481,652	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)					3,335,996	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,464,833	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)					6,217	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					801.22	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,981,185	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,828,800	29,983,108	0.127699	4,981,185	636,092	90.00
91.00	Nursing School cost	0	29,983,108	0.000000	4,981,185	0	91.00
92.00	Allied health cost	0	29,983,108	0.000000	4,981,185	0	92.00
93.00	All other Medical Education	0	29,983,108	0.000000	4,981,185	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am
		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)			898 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			898 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)			898 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)			256 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)			2,521 15.00
16.00	Nursery days (title V or XIX only)			156 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)			883,104 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)			883,104 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)			883,104 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)			983.41 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			251,753 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)			251,753 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 26-S110	Date/Time Prepared: 5/30/2019 9:10 am		
				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	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	0	45.01
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
46.01 CARDIOTHORACIC ICU	0	0	0.00	0	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)					15,464		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					267,217		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 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	143,071	883,104	0.162009	0	0	90.00
91.00	Nursing School cost	0	883,104	0.000000	0	0	91.00
92.00	Allied health cost	0	883,104	0.000000	0	0	92.00
93.00	All other Medical Education	0	883,104	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am
		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)			2,284 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,284 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)			2,284 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)			99 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)			2,521 15.00
16.00	Nursery days (title V or XIX only)			156 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)			1,842,574 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)			1,842,574 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)			1,842,574 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)			806.73 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			79,866 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)			79,866 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
				Component CCN: 26-T110		Date/Time Prepared: 5/30/2019 9:10 am
				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)					34,790	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					114,656	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 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:10 am	
		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	255,528	1,842,574	0.138680	0	0	90.00
91.00	Nursing School cost	0	1,842,574	0.000000	0	0	91.00
92.00	Allied health cost	0	1,842,574	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,842,574	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,026,712	30.00
33.01	03301	ADULT SPECIAL CARE		4,068,175	33.01
34.01	03401	CARDIOTHORACIC ICU		2,609,692	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		653	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.162803	29,234,351	4,759,440 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442888	54,208	24,008 52.00
53.00	05300	ANESTHESIOLOGY	0.086498	7,021,263	607,325 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226884	5,148,539	1,168,121 54.00
54.01	05401	ULTRASOUND	0.097673	1,560,438	152,413 54.01
54.03	05403	CARDIOVASCULAR LAB	0.194335	6,862,997	1,333,721 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307003	123,221	37,829 55.00
55.01	05501	CHEMOTHERAPY	0.401140	14,351	5,757 55.01
56.01	05601	NUCLEAR MEDICINE	0.133498	793,117	105,880 56.01
57.00	05700	CT SCAN	0.054226	8,472,293	459,419 57.00
58.00	05800	MRI	0.063470	2,051,783	130,227 58.00
60.00	06000	LABORATORY	0.146480	24,037,250	3,520,976 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.171694	4,185,194	718,573 63.00
65.00	06500	RESPIRATORY THERAPY	0.115419	18,073,785	2,086,058 65.00
66.00	06600	PHYSICAL THERAPY	0.190322	3,869,222	736,398 66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283397	6,740	1,910 66.01
66.02	06602	PHYSIATRY	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.156993	871,979	136,895 67.00
68.00	06800	SPEECH PATHOLOGY	0.143394	728,279	104,431 68.00
69.01	06901	CV DIAGNOSTIC	0.073140	4,769,087	348,811 69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0 69.02
70.01	07001	NEUROPHYSIOLOGY	0.094684	5,621,483	532,264 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	32,733,923	5,775,835 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225528	32,740,312	7,383,857 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264157	32,631,993	8,619,969 73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.576780	7,755	4,473 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	0.162656	75,599	12,297 90.01
90.02	09002	DIABETES CENTER	4.531102	0	0 90.02
91.00	09100	EMERGENCY	0.246354	3,874,923	954,603 91.00
91.01	09101	G.I. LABORATORY	0.207919	859,117	178,627 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.428457	2,326,601	996,848 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		228,749,803	40,896,965 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		228,749,803	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:10 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
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		172,268	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	0.162803	509	83 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442888	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.086498	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226884	2,058	467 54.00
54.01	05401	ULTRASOUND	0.097673	1,053	103 54.01
54.03	05403	CARDIOVASCULAR LAB	0.194335	8	2 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307003	5	2 55.00
55.01	05501	CHEMOTHERAPY	0.401140	20	8 55.01
56.01	05601	NUCLEAR MEDICINE	0.133498	0	0 56.01
57.00	05700	CT SCAN	0.054226	6,287	341 57.00
58.00	05800	MRI	0.063470	2	0 58.00
60.00	06000	LABORATORY	0.146480	73,671	10,791 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.171694	91	16 63.00
65.00	06500	RESPIRATORY THERAPY	0.115419	24,817	2,864 65.00
66.00	06600	PHYSICAL THERAPY	0.190322	3,234	616 66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283397	6	2 66.01
66.02	06602	PHYSIATRY	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.156993	19	3 67.00
68.00	06800	SPEECH PATHOLOGY	0.143394	1,517	218 68.00
69.01	06901	CV DIAGNOSTIC	0.073140	8,441	617 69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0 69.02
70.01	07001	NEUROPHYSIOLOGY	0.094684	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	7,933	1,400 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225528	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264157	33,908	8,957 73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.576780	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	0.162656	240	39 90.01
90.02	09002	DIABETES CENTER	4.531102	0	0 90.02
91.00	09100	EMERGENCY	0.246354	43,069	10,610 91.00
91.01	09101	G.I. LABORATORY	0.207919	2	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.428457	3,634	1,557 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		210,524	38,696 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		210,524	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:10 am	
		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 - I/PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,124,871	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.162803	20,408	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442888	0	52.00
53.00	05300	ANESTHESIOLOGY	0.086498	5,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226884	27,435	54.00
54.01	05401	ULTRASOUND	0.097673	16,392	54.01
54.03	05403	CARDIOVASCULAR LAB	0.194335	2,975	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307003	61	55.00
55.01	05501	CHEMOTHERAPY	0.401140	131	55.01
56.01	05601	NUCLEAR MEDICINE	0.133498	2,743	56.01
57.00	05700	CT SCAN	0.054226	59,667	57.00
58.00	05800	MRI	0.063470	25,890	58.00
60.00	06000	LABORATORY	0.146480	224,366	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.171694	25,441	63.00
65.00	06500	RESPIRATORY THERAPY	0.115419	145,651	65.00
66.00	06600	PHYSICAL THERAPY	0.190322	1,181,263	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283397	3,494	66.01
66.02	06602	PHYSIATRY	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.156993	1,077,745	67.00
68.00	06800	SPEECH PATHOLOGY	0.143394	459,851	68.00
69.01	06901	CV DIAGNOSTIC	0.073140	18,975	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.094684	7,054	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	234,940	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225528	1,826	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264157	365,444	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.576780	3	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	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	0.162656	2,767	90.01
90.02	09002	DIABETES CENTER	4.531102	0	90.02
91.00	09100	EMERGENCY	0.246354	17,094	91.00
91.01	09101	G.I. LABORATORY	0.207919	2,510	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.428457	7,192	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,936,409	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)		3,936,409	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,790,813	30.00
33.01	03301	ADULT SPECIAL CARE		902,265	33.01
34.01	03401	CARDIOTHORACIC ICU		416,554	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		151,380	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.162803	1,998,227	325,317 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442888	166,376	73,686 52.00
53.00	05300	ANESTHESIOLOGY	0.084508	590,013	49,861 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226884	476,882	108,197 54.00
54.01	05401	ULTRASOUND	0.097673	185,110	18,080 54.01
54.03	05403	CARDIOVASCULAR LAB	0.194212	242,374	47,072 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.307003	0	0 55.00
55.01	05501	CHEMOTHERAPY	0.401140	0	0 55.01
56.01	05601	NUCLEAR MEDICINE	0.133498	58,868	7,859 56.01
57.00	05700	CT SCAN	0.054226	394,660	21,401 57.00
58.00	05800	MRI	0.063470	195,768	12,425 58.00
60.00	06000	LABORATORY	0.146480	2,310,707	338,472 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.171694	559,702	96,097 63.00
65.00	06500	RESPIRATORY THERAPY	0.115419	2,451,044	282,897 65.00
66.00	06600	PHYSICAL THERAPY	0.190322	356,711	67,890 66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.283397	0	0 66.01
66.02	06602	PHYSIATRY	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.156993	71,253	11,186 67.00
68.00	06800	SPEECH PATHOLOGY	0.143394	70,001	10,038 68.00
69.01	06901	CV DIAGNOSTIC	0.073140	353,302	25,841 69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0 69.02
70.01	07001	NEUROPHYSIOLOGY	0.094684	395,611	37,458 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	2,634,009	464,766 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225528	718,342	162,006 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264157	4,367,522	1,153,712 73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.576780	49	28 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	1.091112	0	0 88.01
88.02	08802	RURAL HEALTH CLINIC III	0.871664	0	0 88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.162656	4,415	718 90.01
90.02	09002	DIABETES CENTER	4.531102	0	0 90.02
91.00	09100	EMERGENCY	0.237954	18,166	4,323 91.00
91.01	09101	G.I. LABORATORY	0.205281	81,188	16,666 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.428457	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		18,700,300	3,335,996 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		18,700,300	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-S110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
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 - I/PF		253,347		40.00
41.00	04100 SUBPROVIDER - I/PF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.162803	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442888	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.084508	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226884	0	0	54.00
54.01	05401 ULTRASOUND	0.097673	768	75	54.01
54.03	05403 CARDIOVASCULAR LAB	0.194212	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.307003	0	0	55.00
55.01	05501 CHEMOTHERAPY	0.401140	0	0	55.01
56.01	05601 NUCLEAR MEDICINE	0.133498	0	0	56.01
57.00	05700 CT SCAN	0.054226	0	0	57.00
58.00	05800 MRI	0.063470	0	0	58.00
60.00	06000 LABORATORY	0.146480	23,596	3,456	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.171694	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.115419	9,016	1,041	65.00
66.00	06600 PHYSICAL THERAPY	0.190322	3,285	625	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.283397	0	0	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.156993	607	95	67.00
68.00	06800 SPEECH PATHOLOGY	0.143394	0	0	68.00
69.01	06901 CV DIAGNOSTIC	0.073140	325	24	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.094684	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	1,424	251	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.225528	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264157	37,466	9,897	73.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.576780	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	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	1.091112	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0.871664	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0.162656	0	0	90.01
90.02	09002 DIABETES CENTER	4.531102	0	0	90.02
91.00	09100 EMERGENCY	0.237954	0	0	91.00
91.01	09101 G.I. LABORATORY	0.205281	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.428457	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		76,487	15,464	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		76,487	15,464	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0110 Component CCN: 26-T110	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:10 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
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 - I/PF		0		40.00
41.00	04100 SUBPROVIDER - I/RF		64,973		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.162803	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442888	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.084508	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226884	664	151	54.00
54.01	05401 ULTRASOUND	0.097673	1,040	102	54.01
54.03	05403 CARDIOVASCULAR LAB	0.194212	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.307003	0	0	55.00
55.01	05501 CHEMOTHERAPY	0.401140	0	0	55.01
56.01	05601 NUCLEAR MEDICINE	0.133498	0	0	56.01
57.00	05700 CT SCAN	0.054226	10,310	559	57.00
58.00	05800 MRI	0.063470	2,969	188	58.00
60.00	06000 LABORATORY	0.146480	9,517	1,394	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.171694	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.115419	2,603	300	65.00
66.00	06600 PHYSICAL THERAPY	0.190322	71,524	13,613	66.00
66.01	06601 SOUTHEAST OUTPATIENT REHAB	0.283397	0	0	66.01
66.02	06602 PHYSIATRY	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.156993	65,952	10,354	67.00
68.00	06800 SPEECH PATHOLOGY	0.143394	33,198	4,760	68.00
69.01	06901 CV DIAGNOSTIC	0.073140	519	38	69.01
69.02	06902 ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001 NEUROPHYSIOLOGY	0.094684	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.176448	770	136	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.225528	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264157	12,096	3,195	73.00
76.00	03950 CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.576780	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	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	1.091112	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0.871664	0	0	88.02
90.01	09001 HYPERBARIC WOUND CLINIC	0.162656	0	0	90.01
90.02	09002 DIABETES CENTER	4.531102	0	0	90.02
91.00	09100 EMERGENCY	0.237954	0	0	91.00
91.01	09101 G.I. LABORATORY	0.205281	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.428457	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		211,162	34,790	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		211,162	34,790	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:10 am
		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)		29,932,583	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,973,330	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)		2,824,755	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)		171.41	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 that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	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)		6.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.89	31.00
32.00	Sum of lines 30 and 31		21.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.22	33.00
34.00	Disproportionate share adjustment (see instructions)		702,252	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000331775	0.000364135	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,245,018	3,012,445	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,679,150	759,302	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,438,452		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	44,871,372		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)		44,871,372	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,778,712	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		267,678	53.00
54.00	Special add-on payments for new technologies		48,566	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		541,265	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		136,115	58.00
59.00	Total (sum of amounts on lines 49 through 58)		49,643,708	59.00
60.00	Primary payer payments		79,563	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,564,145	61.00
62.00	Deductibles billed to program beneficiaries		4,003,128	62.00
63.00	Coinurance billed to program beneficiaries		113,134	63.00
64.00	Allowable bad debts (see instructions)		906,922	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		589,499	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		715,062	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,037,382	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-143,159	70.93
70.94	HRR adjustment amount (see instructions)		-253,531	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:10 am	
		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)			152,755	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			45,487,937	71.00
71.01	Sequestration adjustment (see instructions)			909,759	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			46,007,295	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-1,429,117	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			866,533	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	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	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 9:10 am
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		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	29,932,583	29,932,583		29,932,583	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,973,330		8,973,330	8,973,330	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	2,824,755	2,046,033	778,722	2,824,755	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	0.0722	0.0722	0.0722		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	702,252	540,283	161,969	702,252	11.00
11.01	Uncompensated care payments	36.00	2,438,452	1,679,150	759,302	2,438,452	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	44,871,372	34,198,049	10,673,323	44,871,372	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	44,871,372	34,198,049	10,673,323	44,871,372	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,778,712	-878,834	4,657,546	3,778,712	16.00
17.00	Special add-on payments for new technologies	54.00	48,566	48,566	0	48,566	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			33,367,781	15,330,869	48,698,650	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,114,203	-715,061	3,829,264	3,114,203	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	523,747	-131,452	655,199	523,747	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	0.0452	0.0452	0.0452		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	140,762	-32,321	173,083	140,762	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,778,712	-878,834	4,657,546	3,778,712	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	27.00
28.00	Low volume adjustment prior to October 1	70.96	0	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	-143,159	-134,482	-8,677	-143,159	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	-253,531	-206,870	-46,661	-253,531	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	152,755	152,755	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 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,444	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,015,641	2.00
3.00	OPPS payments		34,853,480	3.00
4.00	Outlier payment (see instructions)		141,177	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		154,196	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,444	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,255	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)		9,255	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		9,255	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,811	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)		2,444	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)		35,148,853	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,032,699	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)		29,118,598	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)		29,118,598	30.00
31.00	Primary payer payments		11,170	31.00
32.00	Subtotal (line 30 minus line 31)		29,107,428	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)		510,341	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		331,722	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		209,909	36.00
37.00	Subtotal (see instructions)		29,439,150	37.00
38.00	MSP-LCC reconciliation amount from PS&R		973	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,438,177	40.00
40.01	Sequestration adjustment (see instructions)		588,764	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		28,757,365	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		92,048	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 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 9:10 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		44,961,695		28,710,965	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	10/03/2018	44,600	08/21/2018	46,400	3.01	
3.02		10/03/2018	1,001,000		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)		1,045,600		46,400	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)		46,007,295		28,757,365	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		92,048	6.01	
6.02	SETTLEMENT TO PROGRAM		1,429,117		0	6.02	
7.00	Total Medicare program liability (see instructions)		44,578,178		28,849,413	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 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		91,672		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)		91,672		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		16,554		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		108,226		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 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 9:10 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,539,249		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,539,249		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		18,900		0	6.02
7.00	Total Medicare program liability (see instructions)		2,520,349		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 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & 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 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/30/2019 9:10 am
		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)			139,925 1.00
2.00	Net IPF PPS Outlier Payments			0 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 instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			2.460274 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			139,925 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			139,925 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			139,925 18.00
19.00	Deductibles			39,979 19.00
20.00	Subtotal (line 18 minus line 19)			99,946 20.00
21.00	Coinsurance			6,365 21.00
22.00	Subtotal (line 20 minus line 21)			93,581 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,817 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			5,731 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,074 25.00
26.00	Subtotal (sum of lines 22 and 24)			99,312 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)			11,123 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)			110,435 31.00
31.01	Sequestration adjustment (see instructions)			2,209 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			91,672 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)			16,554 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			0 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 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,491,993 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0381 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			66,287 3.00
4.00	Outlier Payments			28,962 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)			6.257534 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)			2,587,242 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,587,242 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,587,242 19.00
20.00	Deductibles			14,740 20.00
21.00	Subtotal (line 19 minus line 20)			2,572,502 21.00
22.00	Coinurance			2,345 22.00
23.00	Subtotal (line 21 minus line 22)			2,570,157 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,335 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			868 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,335 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,571,025 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)			760 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)			2,571,785 32.00
32.01	Sequestration adjustment (see instructions)			51,436 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,539,249 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)			-18,900 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			28,962 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 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2019 9:10 am	
		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		6,464,833		1.00
2.00	Medical and other services			6,065,332	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		6,464,833	6,065,332	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		6,464,833	6,065,332	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		3,261,012		8.00
9.00	Ancillary service charges		18,700,300	32,251,802	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)		21,961,312	32,251,802	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)		21,961,312	32,251,802	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		15,496,479	26,186,470	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)		6,464,833	6,065,332	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)		6,464,833	6,065,332	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		6,464,833	6,065,332	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6,464,833	6,065,332	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		6,464,833	6,065,332	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		6,464,833	6,065,332	40.00
41.00	Interim payments		2,663,097	5,421,176	41.00
42.00	Balance due provider/program (line 40 minus line 41)		3,801,736	644,156	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 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2019 9:10 am	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital /SNF/NF services		267,217		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)		267,217	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		267,217	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		253,347		8.00
9.00	Ancillary service charges		76,487	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)		329,834	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)		329,834	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		62,617	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)		267,217	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		267,217	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)		267,217	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		267,217	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		267,217	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		267,217	0	40.00
41.00	Interim payments		248,401	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		18,816	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 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2019 9:10 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital /SNF/NF services	114,656		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)	114,656	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	114,656	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	64,973		8.00
9.00	Ancillary service charges	211,162	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)	276,135	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)	276,135	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	161,479	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)	114,656	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	114,656	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)	114,656	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	114,656	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	114,656	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	114,656	0	40.00
41.00	Interim payments	79,746	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	34,910	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 01/01/2018 To 12/31/2018 Worksheet G Date/Time Prepared: 5/30/2019 9:10 am

		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	40,442,287	0	0	0	1.00
2.00	Temporary investments	4,928,778	0	0	0	2.00
3.00	Notes receivable	52,319,435	0	0	0	3.00
4.00	Accounts receivable	174,313,349	0	0	0	4.00
5.00	Other receivable	1,638,903	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-139,675,855	0	0	0	6.00
7.00	Inventory	6,776,790	0	0	0	7.00
8.00	Prepaid expenses	3,667,992	0	0	0	8.00
9.00	Other current assets	506,030	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)	144,917,709	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,580,441	0	0	0	12.00
13.00	Land improvements	13,230,647	0	0	0	13.00
14.00	Accumulated depreciation	-9,439,998	0	0	0	14.00
15.00	Buildings	203,962,039	0	0	0	15.00
16.00	Accumulated depreciation	-131,999,077	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	130,158,933	0	0	0	23.00
24.00	Accumulated depreciation	-95,366,199	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)	128,126,786	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,050,856	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	14,416,312	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	23,467,168	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	296,511,663	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	23,096,589	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,257,137	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,878,073	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,869,216	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	48,101,015	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	107,406,187	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,574,078	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	113,980,265	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	162,081,280	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	134,430,383				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)	134,430,383	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	296,511,663	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0110

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

Worksheet G-1

Date/Time Prepared:
5/30/2019 9:10 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		124,174,217			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,934,452				2.00
3.00	Total (sum of line 1 and line 2)		139,108,669			0	3.00
4.00	CONTRIBUTIONS FOR PROPERTY	223,124		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		223,124			0	10.00
11.00	Subtotal (line 3 plus line 10)		139,331,793			0	11.00
12.00	TRANSFER TO AFFILIATES	4,901,410		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)		4,901,410			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		134,430,383			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			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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 01/01/2018
To 12/31/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	28,432,619		28,432,619	1.00
2.00	SUBPROVIDER - IPF	869,396		869,396	2.00
3.00	SUBPROVIDER - IRF	1,476,260		1,476,260	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)	30,778,275		30,778,275	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	7,862,740		7,862,740	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	CARDIOTHORACIC ICU	4,589,584		4,589,584	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,452,324		12,452,324	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,230,599		43,230,599	17.00
18.00	Ancillary services	412,820,583	490,761,081	903,581,664	18.00
19.00	Outpatient services	11,246,736	41,055,311	52,302,047	19.00
20.00	RURAL HEALTH CLINIC	0	-8	-8	20.00
20.01	RURAL HEALTH CLINIC II	0	4,695,388	4,695,388	20.01
20.02	RURAL HEALTH CLINIC III	0	4,781,444	4,781,444	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,267,303	1,267,303	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	1,369,909	1,369,909	26.00
27.00	PPO	0	37,012,969	37,012,969	27.00
27.01	OUTREACH LAB	0	0	0	27.01
27.02	EMPLOYEE CHARGES	0	0	0	27.02
27.03	PROFESSIONAL CHARGES	5,725,274	59,539,530	65,264,804	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	473,023,192	640,482,927	1,113,506,119	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		328,062,373		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)		328,062,373		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0110

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

Worksheet G-3

Date/Time Prepared:
5/30/2019 9:10 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,113,506,119	1.00
2.00	Less contractual allowances and discounts on patients' accounts	792,966,189	2.00
3.00	Net patient revenues (line 1 minus line 2)	320,539,930	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	328,062,373	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,522,443	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	276,407	6.00
7.00	Income from investments	559,850	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,290,070	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	5,799,216	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,061,833	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	829,417	24.00
24.01	HEALTHPOINT	2,461,051	24.01
24.02	PRISONER MEALS	29,845	24.02
24.03	OUTREACH LAB	1,035,060	24.03
24.04	RENTAL INCOME	691,422	24.04
24.05	MISC OTHER OPERATING REVENUE	1,544,822	24.05
24.06	RENTAL INCOME - INTERNAL	4,914,251	24.06
24.07	GAIN ON DISPOSALS	0	24.07
24.08	340B PHARMACY	1,172,764	24.08
24.09	LOSS ON EQUIPMENT DISPOSAL	14,006	24.09
24.10	ROUNDING	5	24.10
25.00	Total other income (sum of lines 6-24)	22,680,019	25.00
26.00	Total (line 5 plus line 25)	15,157,576	26.00
27.00	CONTRIBUTION OF PROPERTY	223,124	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	223,124	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,934,452	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet H

HHA CCN: 26-7121

To 12/31/2018

Date/Time Prepared: 5/30/2019 9:10 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	168,829	129,502	3,232	1,281	86,357	389,201	5.00
HHA REIMBURSABLE SERVICES							
6.00	462,927	0	0	0	0	462,927	6.00
7.00	253,505	0	0	0	0	253,505	7.00
8.00	88,508	0	0	0	0	88,508	8.00
9.00	3,885	0	0	0	0	3,885	9.00
10.00	32,003	0	0	0	0	32,003	10.00
11.00	7,225	0	0	0	0	7,225	11.00
12.00	0	0	0	0	17,714	17,714	12.00
13.00	0	0	0	0	4,733	4,733	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	5,620	0	0	0	0	5,620	23.00
23.50	0	0	0	0	0	0	23.50
24.00	1,022,502	129,502	3,232	1,281	108,804	1,265,321	24.00
	Reclassifi cation	Reclassifi ed 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	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-81,061	308,140	0	308,140			5.00
HHA REIMBURSABLE SERVICES							
6.00	58,499	521,426	0	521,426			6.00
7.00	32,262	285,767	0	285,767			7.00
8.00	11,056	99,564	0	99,564			8.00
9.00	1,035	4,920	0	4,920			9.00
10.00	3,959	35,962	0	35,962			10.00
11.00	892	8,117	0	8,117			11.00
12.00	0	17,714	0	17,714			12.00
13.00	0	4,733	0	4,733			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	694	6,314	0	6,314			23.00
23.50	0	0	0	0			23.50
24.00	27,336	1,292,657	0	1,292,657			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 01/01/2018 To 12/31/2018		Worksheet H-1 Part I Date/Time Prepared: 5/30/2019 9:10 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	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	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	308,140	0	0	0	308,140	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	521,426	0	0	0	521,426	6.00
7.00	Physical Therapy	285,767	0	0	0	285,767	7.00
8.00	Occupational Therapy	99,564	0	0	0	99,564	8.00
9.00	Speech Pathology	4,920	0	0	0	4,920	9.00
10.00	Medical Social Services	35,962	0	0	0	35,962	10.00
11.00	Home Health Aide	8,117	0	0	0	8,117	11.00
12.00	Supplies (see instructions)	17,714	0	0	0	17,714	12.00
13.00	Drugs	4,733	0	0	0	4,733	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	6,314	0	0	0	6,314	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,292,657	0	0	0	1,292,657	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	308,140					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	163,199	684,625				6.00
7.00	Physical Therapy	89,441	375,208				7.00
8.00	Occupational Therapy	31,162	130,726				8.00
9.00	Speech Pathology	1,540	6,460				9.00
10.00	Medical Social Services	11,256	47,218				10.00
11.00	Home Health Aide	2,541	10,658				11.00
12.00	Supplies (see instructions)	5,544	23,258				12.00
13.00	Drugs	1,481	6,214				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)	1,976	8,290				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,292,657				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 26-0110 HHA CCN: 26-7121		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part II Date/Time Prepared: 5/30/2019 9:10 am	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-308,140	984,517 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	521,426 6.00
7.00	Physical Therapy	0	0	0	0	0	285,767 7.00
8.00	Occupational Therapy	0	0	0	0	0	99,564 8.00
9.00	Speech Pathology	0	0	0	0	0	4,920 9.00
10.00	Medical Social Services	0	0	0	0	0	35,962 10.00
11.00	Home Health Aide	0	0	0	0	0	8,117 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	17,714 12.00
13.00	Drugs	0	0	0	0	0	4,733 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	6,314 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	-308,140	984,517 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		308,140 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.312986 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 26-7121

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 9:10 am

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS					NEW CAP-REL CSTS-BLDGS & FIX #5	
		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		
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	684,625	0	0	0	0	0	0	2.00
3.00 Physical Therapy	375,208	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	130,726	0	0	0	0	0	0	4.00
5.00 Speech Pathology	6,460	0	0	0	0	0	0	5.00
6.00 Medical Social Services	47,218	0	0	0	0	0	0	6.00
7.00 Home Health Aide	10,658	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	23,258	0	0	0	0	0	0	8.00
9.00 Drugs	6,214	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	8,290	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,292,657	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT	
	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		
	1.05	1.06	1.07	1.08	2.00		
1.00 Administrative and General	0	0	0	34,964	2,235	6,290	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	37,365	2.00
3.00 Physical Therapy	0	0	0	0	0	20,478	3.00
4.00 Occupational Therapy	0	0	0	0	0	7,135	4.00
5.00 Speech Pathology	0	0	0	0	0	353	5.00
6.00 Medical Social Services	0	0	0	0	0	2,577	6.00
7.00 Home Health Aide	0	0	0	0	0	582	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	452	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	34,964	2,235	75,232	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

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 26-7121

To 12/31/2018

Part I
Date/Time Prepared: 5/30/2019 9:10 am

Home Health Agency I

PPS

Cost Center Description		COMMUNICATIONS	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/AC COUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	5,209	48,698	2,897	56	4,063	8,744	1.00
2.00	Skilled Nursing Care	0	721,990	42,957	0	0	0	2.00
3.00	Physical Therapy	0	395,686	23,543	0	0	0	3.00
4.00	Occupational Therapy	0	137,861	8,203	0	0	0	4.00
5.00	Speech Pathology	0	6,813	405	0	0	0	5.00
6.00	Medical Social Services	0	49,795	2,963	0	0	0	6.00
7.00	Home Health Aide	0	11,240	669	0	0	0	7.00
8.00	Supplies (see instructions)	0	23,258	1,384	0	0	0	8.00
9.00	Drugs	0	6,214	370	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	8,742	520	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)	5,209	1,410,297	83,911	56	4,063	8,744	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 ADMINISTRATION & 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	64,458	7,168	10,232	23,971	0	18,280	1.00
2.00	Skilled Nursing Care	764,947	85,063	0	0	0	0	2.00
3.00	Physical Therapy	419,229	46,619	0	0	0	0	3.00
4.00	Occupational Therapy	146,064	16,242	0	0	0	0	4.00
5.00	Speech Pathology	7,218	803	0	0	0	0	5.00
6.00	Medical Social Services	52,758	5,867	0	0	0	0	6.00
7.00	Home Health Aide	11,909	1,324	0	0	0	0	7.00
8.00	Supplies (see instructions)	24,642	2,740	0	0	0	0	8.00
9.00	Drugs	6,584	732	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)	9,262	1,030	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)	1,507,071	167,588	10,232	23,971	0	18,280	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

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 26-7121

To 12/31/2018

Part I
Date/Time Prepared: 5/30/2019 9:10 am

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	4,629	0	220,410	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	4,629	0	220,410	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	3,649	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,649	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 26-0110	Period: From 01/01/2018	Worksheet H-2 Part I Date/Time Prepared: 5/30/2019 9:10 am
		HHA CCN: 26-7121	To 12/31/2018	
			Home Health Agency I	PPS

Cost Center Description	SCHOOL OF RADIOLOGICAL TECHNOLOGY	INTERNS & RESIDENTS		PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.03	21.00					22.00
1.00	Administrative and General	0	0	0	0	352,797	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	850,010	0	2.00
3.00	Physical Therapy	0	0	0	0	465,848	0	3.00
4.00	Occupational Therapy	0	0	0	0	162,306	0	4.00
5.00	Speech Pathology	0	0	0	0	8,021	0	5.00
6.00	Medical Social Services	0	0	0	0	58,625	0	6.00
7.00	Home Health Aide	0	0	0	0	13,233	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	27,382	0	8.00
9.00	Drugs	0	0	0	0	7,316	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	10,292	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	1,955,830	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	352,797						1.00
2.00	Skilled Nursing Care	850,010	187,073	1,037,083				2.00
3.00	Physical Therapy	465,848	102,524	568,372				3.00
4.00	Occupational Therapy	162,306	35,720	198,026				4.00
5.00	Speech Pathology	8,021	1,765	9,786				5.00
6.00	Medical Social Services	58,625	12,902	71,527				6.00
7.00	Home Health Aide	13,233	2,912	16,145				7.00
8.00	Supplies (see instructions)	27,382	6,026	33,408				8.00
9.00	Drugs	7,316	1,610	8,926				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)	10,292	2,265	12,557				19.00
19.50	Tel emedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19) (2)	1,955,830	352,797	1,955,830				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.		0.220081					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 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 9:10 am
			Home Health Agency I	PPS

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

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	
	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 COSTS)			
	1.06	1.07	1.08	2.00			
1.00 Administrative and General	0	0	3,286	1,644	87,768	28	1.00
2.00 Skilled Nursing Care	0	0	0	0	521,426	0	2.00
3.00 Physical Therapy	0	0	0	0	285,767	0	3.00
4.00 Occupational Therapy	0	0	0	0	99,564	0	4.00
5.00 Speech Pathology	0	0	0	0	4,920	0	5.00
6.00 Medical Social Services	0	0	0	0	35,962	0	6.00
7.00 Home Health Aide	0	0	0	0	8,117	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	6,314	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	1,644	1,049,838	28	20.00
21.00 Total cost to be allocated	0	0	34,964	2,235	75,232	5,209	21.00
22.00 Unit cost multiplier	0.000000	0.000000	10.640292	1.359489	0.071661	186.035714	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 9:10 am
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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	48,698	1,453	1,267,303	1,267,303	0	1.00
2.00 Skilled Nursing Care	0	721,990	0	0	0	0	2.00
3.00 Physical Therapy	0	395,686	0	0	0	0	3.00
4.00 Occupational Therapy	0	137,861	0	0	0	0	4.00
5.00 Speech Pathology	0	6,813	0	0	0	0	5.00
6.00 Medical Social Services	0	49,795	0	0	0	0	6.00
7.00 Home Health Aide	0	11,240	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	23,258	0	0	0	0	8.00
9.00 Drugs	0	6,214	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	8,742	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)		1,410,297	1,453	1,267,303	1,267,303		20.00
21.00 Total cost to be allocated		83,911	56	4,063	8,744		21.00
22.00 Unit cost multiplier		0.059499	0.038541	0.003206	0.006900		22.00

Cost Center Description	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITION)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (MEALS SERVED)	DIETARY (MEALS SERVED)	
	5.06	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	64,458	15	3,286	0	3,286	0	1.00
2.00 Skilled Nursing Care	764,947	0	0	0	0	0	2.00
3.00 Physical Therapy	419,229	0	0	0	0	0	3.00
4.00 Occupational Therapy	146,064	0	0	0	0	0	4.00
5.00 Speech Pathology	7,218	0	0	0	0	0	5.00
6.00 Medical Social Services	52,758	0	0	0	0	0	6.00
7.00 Home Health Aide	11,909	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	24,642	0	0	0	0	0	8.00
9.00 Drugs	6,584	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)	9,262	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)	1,507,071	15	3,286	0	3,286	0	20.00
21.00 Total cost to be allocated	167,588	10,232	23,971	0	18,280	0	21.00
22.00 Unit cost multiplier	0.111201	682.133333	7.294887	0.000000	5.562995	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 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	405	0	14	0	0	1,267,303	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	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	405	0	14	0	0	1,267,303	20.00
21.00	Total cost to be allocated	4,629	0	220,410	0	0	3,649	21.00
22.00	Unit cost multiplier	11.429630	0.000000	15,743.571429	0.000000	0.000000	0.002879	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 TECHNOLOGY (TIME SPENT)	
		17.00	19.00	20.00	20.01	20.02	20.03	
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	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II
	HHA CCN: 26-7121	Home Health Agency I	Date/Time Prepared: 5/30/2019 9:10 am PPS

Cost Center Description	INTERNS & RESIDENTS		PHARMACY RESIDENCY (ASSIGNED TIME)	23.00	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00			
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	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I
				HHA CCN: 26-7121		Date/Time Prepared: 5/30/2019 9:10 am
				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	1,037,083		1,037,083	2,973	348.83	1.00
2.00	Physical Therapy	3.00	568,372	0	568,372	2,362	240.63	2.00
3.00	Occupational Therapy	4.00	198,026	0	198,026	360	550.07	3.00
4.00	Speech Pathology	5.00	9,786	0	9,786	40	244.65	4.00
5.00	Medical Social Services	6.00	71,527		71,527	27	2,649.15	5.00
6.00	Home Health Aide	7.00	16,145		16,145	266	60.70	6.00
7.00	Total (sum of lines 1-6)		1,900,939	0	1,900,939	6,028		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		16020	0	1,025		8.00
8.01	Skilled Nursing Care		99926	0	610		8.01
9.00	Physical Therapy		16020	0	971		9.00
9.01	Physical Therapy		99926	0	518		9.01
10.00	Occupational Therapy		16020	0	149		10.00
10.01	Occupational Therapy		99926	0	107		10.01
11.00	Speech Pathology		16020	0	15		11.00
11.01	Speech Pathology		99926	0	12		11.01
12.00	Medical Social Services		16020	0	9		12.00
12.01	Medical Social Services		99926	0	8		12.01
13.00	Home Health Aide		16020	0	108		13.00
13.01	Home Health Aide		99926	0	132		13.01
14.00	Total (sum of lines 8-13)			0	3,664		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	33,408	0	33,408	8,960	3.728571	15.00
16.00	Cost of Drugs	9.00	8,926	0	8,926	0	0.000000	16.00

Cost Center Description	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

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	1,635		0	570,337	1.00
2.00	Physical Therapy	0	1,489		0	358,298	2.00
3.00	Occupational Therapy	0	256		0	140,818	3.00
4.00	Speech Pathology	0	27		0	6,606	4.00
5.00	Medical Social Services	0	17		0	45,036	5.00
6.00	Home Health Aide	0	240		0	14,568	6.00
7.00	Total (sum of lines 1-6)	0	3,664		0	1,135,663	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet H-3

HHA CCN: 26-7121

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 9:10 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	8,960	0	0	33,408	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	570,337							1.00
2.00	Physical Therapy	358,298							2.00
3.00	Occupational Therapy	140,818							3.00
4.00	Speech Pathology	6,606							4.00
5.00	Medical Social Services	45,036							5.00
6.00	Home Health Aide	14,568							6.00
7.00	Total (sum of lines 1-6)	1,135,663							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 01/01/2018
To 12/31/2018

Worksheet H-3
Part II
Date/Time Prepared:
5/30/2019 9:10 am

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	0.190322	0	0	col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.283397	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	0.156993	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.143394	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.176448	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.264157	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0110 HHA CCN: 26-7121	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2019 9:10 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	758,458
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	4,495
13.00	Total PPS Reimbursement - LUPA Episodes		0	17,036
14.00	Total PPS Reimbursement - PEP Episodes		0	4,234
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	887
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	785,110
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	785,110
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	785,110
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	785,110
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	785,110
31.01	Sequestration adjustment (see instructions)		0	15,702
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	769,408
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet H-5
	HHA CCN: 26-7121	Home Health Agency I	Date/Time Prepared: 5/30/2019 9:10 am 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		769,408	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		769,408	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		769,408	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	Period: From 01/01/2018 To 12/31/2018	Worksheet 0
	Hospice CCN: 26-1537		Date/Time Prepared: 5/30/2019 9:10 am

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		10,726	10,726	0	10,726	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	116,755	116,755	0	116,755	3.00
4.00	ADMINISTRATIVE & GENERAL*	194,883	46,312	241,195	27,336	268,531	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	40,912	40,912	0	40,912	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	149	149	0	149	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	95	95	0	95	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	23,408	23,408	0	23,408	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	8,092	8,092	0	8,092	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	7,691	7,691	25.00
26.00	PHYSICIAN SERVICES**	153,019	21,943	174,962	0	174,962	26.00
27.00	NURSE PRACTITIONER**	33,075	0	33,075	0	33,075	27.00
28.00	REGISTERED NURSE**	306,276	0	306,276	0	306,276	28.00
29.00	LPN/LVN**	27,202	0	27,202	0	27,202	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	207,451	0	207,451	0	207,451	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	95,699	95,699	0	95,699	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	103	103	0	103	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 *	26,744	0	26,744	0	26,744	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	4,503	0	4,503	0	4,503	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	121,480	121,480	-7,691	113,789	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	953,153	485,674	1,438,827	27,336	1,466,163	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 26-1537

To 12/31/2018

Date/Time Prepared: 5/30/2019 9:10 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	10,726	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	116,755	3.00
4.00	ADMINISTRATIVE & GENERAL*	-342	268,189	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	40,912	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	149	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	95	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	23,408	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	8,092	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	7,691	25.00
26.00	PHYSICIAN SERVICES**	0	174,962	26.00
27.00	NURSE PRACTITIONER**	0	33,075	27.00
28.00	REGISTERED NURSE**	0	306,276	28.00
29.00	LPN/LVN**	0	27,202	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	207,451	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	95,699	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	103	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	26,744	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	4,503	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	113,789	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-342	1,465,821	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 26-0110 Hospice CCN: 26-1537	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/30/2019 9:10 am
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	151,929	21,787	173,716	0	26.00
27.00	NURSE PRACTITIONER	32,839	0	32,839	0	27.00
28.00	REGISTERED NURSE	304,094	0	304,094	0	28.00
29.00	LPN/LVN	27,008	0	27,008	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	205,973	0	205,973	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	95,017	95,017	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	102	102	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	721,843	116,906	838,749	0	100.00

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

	ADJUSTMENTS		TOTAL (col. 5 ± col. 6)	
	6.00	7.00		
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	173,716	26.00
27.00	NURSE PRACTITIONER	0	32,839	27.00
28.00	REGISTERED NURSE	0	304,094	28.00
29.00	LPN/LVN	0	27,008	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	205,973	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	95,017	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	102	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	838,749	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE	Provider CCN: 26-0110 Hospice CCN: 26-1537	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-3 Date/Time Prepared: 5/30/2019 9:10 am
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	7,691	25.00
26.00	PHYSICIAN SERVICES	1,090	156	1,246	0	26.00
27.00	NURSE PRACTITIONER	236	0	236	0	27.00
28.00	REGISTERED NURSE	2,182	0	2,182	0	28.00
29.00	LPN/LVN	194	0	194	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,478	0	1,478	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	682	682	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1	1	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	5,180	839	6,019	7,691	100.00

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

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	7,691
26.00	PHYSICIAN SERVICES	0	1,246
27.00	NURSE PRACTITIONER	0	236
28.00	REGISTERED NURSE	0	2,182
29.00	LPN/LVN	0	194
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	1,478
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	682
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	13,710

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

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

Provider CCN: 26-0110

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

Worksheet 0-4

Hospice CCN: 26-1537

Date/Time Prepared:
5/30/2019 9:10 am

	Hospice I					SUBTOTAL
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS		
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	100.00

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

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	25.00
26.00	PHYSICIAN SERVICES	0	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	0	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	33.00
34.00	SPIRITUAL COUNSELING	0	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	0	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	46.00
100.00	TOTAL *	0	100.00

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

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

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 26-1537

To 12/31/2018

Date/Time Prepared: 5/30/2019 9:10 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of col s. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	37,295	37,295	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,726	352	11,078	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	116,755	70,263	187,018	3.00
4.00	ADMINISTRATIVE & GENERAL	268,189	300,886	569,075	4.00
5.00	PLANT OPERATION & MAINTENANCE	40,912	31,474	72,386	5.00
6.00	LAUNDRY & LINEN SERVICE	149	0	149	6.00
7.00	HOUSEKEEPING	0	18,280	18,280	7.00
8.00	DIETARY	95	0	95	8.00
9.00	NURSING ADMINISTRATION	0	236,153	236,153	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	3,944	3,944	11.00
12.00	STAFF TRANSPORTATION	23,408	0	23,408	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	8,092	0	8,092	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	27,502	27,502	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	838,749	0	838,749	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	13,710	0	13,710	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	26,744	0	26,744	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	4,503	0	4,503	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	113,789	0	113,789	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,465,821	726,149	2,191,970	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 26-0110	Period: From 01/01/2018	Worksheet 0-6
		Hospice CCN: 26-1537	To 12/31/2018	Part I
				Date/Time Prepared: 5/30/2019 9:10 am

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 & FIX	37,295	37,295			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,078		11,078		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	187,018	0	0	187,018	3.00
4.00	ADMINISTRATIVE & GENERAL	569,075	37,295	11,078	38,238	655,686 4.00
5.00	PLANT OPERATION & MAINTENANCE	72,386	0	0	0	72,386 5.00
6.00	LAUNDRY & LINEN SERVICE	149	0	0	0	149 6.00
7.00	HOUSEKEEPING	18,280	0	0	0	18,280 7.00
8.00	DIETARY	95	0	0	0	95 8.00
9.00	NURSING ADMINISTRATION	236,153	0	0	0	236,153 9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0 10.00
11.00	MEDICAL RECORDS	3,944	0	0	0	3,944 11.00
12.00	STAFF TRANSPORTATION	23,408	0	0	0	23,408 12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0 13.00
14.00	PHARMACY	8,092	0	0	0	8,092 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE	27,502	0	0	0	27,502 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	838,749			141,633	980,382 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	13,710	0	0	0	13,710 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	1,016	1,016 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	26,744	0	0	5,247	31,991 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	4,503	0	0	884	5,387 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	113,789				113,789 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	2,191,970	37,295	11,078	187,018	2,191,970 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 26-0110	Period: From 01/01/2018	Worksheet 0-6
		Hospice CCN: 26-1537	To 12/31/2018	Part I
				Date/Time Prepared: 5/30/2019 9:10 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL	655,686				4.00
5.00	PLANT OPERATION & MAINTENANCE	33,366	105,752			5.00
6.00	LAUNDRY & LINEN SERVICE	69	0	218		6.00
7.00	HOUSEKEEPING	8,426	0		26,706	7.00
8.00	DIETARY	44	0		0	139
9.00	NURSING ADMINISTRATION	108,853	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0	10.00
11.00	MEDICAL RECORDS	1,818	0		0	11.00
12.00	STAFF TRANSPORTATION	10,790	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0	13.00
14.00	PHARMACY	3,730	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	12,677	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	451,896				51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	6,320	105,752	218	26,706	139
53.00	HOSPICE GENERAL INPATIENT CARE	468	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	14,746	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	2,483	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
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
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	655,686	105,752	218	26,706	139

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 26-1537

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 9:10 am

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	345,006					9.00
10.00	0	0				10.00
11.00	0		5,762			11.00
12.00	0			34,198		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
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	342,558	0	5,721	33,954	0	51.00
52.00	2,448	0	41	244	0	52.00
53.00	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0		0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	345,006	0	5,762	34,198	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 26-0110	Period: From 01/01/2018	Worksheet 0-6
		Hospice CCN: 26-1537	To 12/31/2018	Part I
				Date/Time Prepared: 5/30/2019 9:10 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	11,822					14.00
15.00	0	0				15.00
16.00	0		40,179			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	11,738	0	39,893		1,866,142	51.00
52.00	84	0	286	0	155,948	52.00
53.00	0	0	0	0	1,484	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		46,737	60.00
61.00	0		0		0	61.00
62.00	0		0		7,870	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					113,789	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	11,822	0	40,179	0	2,191,970	100.00

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

Provider CCN: 26-0110

Hospice CCN: 26-1537

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Descriptions		Hospice I				ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION		
		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	953,153			3.00
4.00	ADMINISTRATIVE & GENERAL	3,286	259	194,883	-655,686	1,422,495	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	72,386	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	149	6.00
7.00	HOUSEKEEPING	0	0	0	0	18,280	7.00
8.00	DIETARY	0	0	0	0	95	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	236,153	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	3,944	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	23,408	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	8,092	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	27,502	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			721,843	0	980,382	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	13,710	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	5,180	0	1,016	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	26,744	0	31,991	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	4,503	0	5,387	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD					-113,789	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	37,295	11,078	187,018		655,686	100.00
101.00	UNIT COST MULTIPLIER	11.349665	42.772201	0.196210		0.460941	101.00

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

Provider CCN: 26-0110

Hospice CCN: 26-1537

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,286					5.00
6.00	LAUNDRY & LINEN SERVICE	0	50				6.00
7.00	HOUSEKEEPING	0		3,286			7.00
8.00	DIETARY	0		0	50		8.00
9.00	NURSING ADMINISTRATION	0		0		31,003	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		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					30,783	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	3,286	50	3,286	50	220	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	105,752	218	26,706	139	345,006	100.00
101.00	UNIT COST MULTIPLIER	32.182593	4.360000	8.127206	2.780000	11.128149	101.00

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

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 26-1537

To 12/31/2018

Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		7,018				11.00
12.00	STAFF TRANSPORTATION			7,018			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	7,018	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	HOSPI CE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPI CE ROUTINE HOME CARE	0	6,968	6,968	0	6,968	51.00
52.00	HOSPI CE INPATIENT RESPI TE CARE	0	50	50	0	50	52.00
53.00	HOSPI CE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPI CE/PALLI ATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLI ATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	5,762	34,198	0	11,822	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.821032	4.872898	0.000000	1.684526	101.00

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

Provider CCN: 26-0110

Hospice CCN: 26-1537

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2019 9:10 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION & MAINTENANCE				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	ROUTINE MEDICAL SUPPLIES				10.00
11.00	MEDICAL RECORDS				11.00
12.00	STAFF TRANSPORTATION				12.00
13.00	VOLUNTEER SERVICE COORDINATION				13.00
14.00	PHARMACY				14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			15.00
16.00	OTHER GENERAL SERVICE		7,018		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	6,968		51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	50	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	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		0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER				99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)		40,179	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	5.725135	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 01/01/2018 To 12/31/2018	Worksheet 0-7 Date/Time Prepared: 5/30/2019 9:10 am
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Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
			HCHC	HRHC	HIRC	
			0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS						
1.00 PHYSICAL THERAPY	66.00	0.190322	0	0	0	1.00
1.01 SOUTHEAST OUTPATIENT REHAB	66.01	0.283397	0	0	0	1.01
1.02 PHYSIATRY	66.02	0.000000	0	0	0	1.02
2.00 OCCUPATIONAL THERAPY	67.00	0.156993	0	0	0	2.00
3.00 SPEECH PATHOLOGY	68.00	0.143394	0	0	0	3.00
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.264157	0	0	0	4.00
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00 LABORATORY	60.00	0.146480	0	0	0	6.00
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.176448	0	0	0	7.00
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.307003	0	0	0	9.00
9.01 CHEMOTHERAPY	55.01	0.401140	0	0	0	9.01
10.00 CARDIAC REHAB	76.00	0.000000	0	0	0	10.00
10.97 CARDIAC REHABILITATION	76.97	0.576780	0	0	0	10.97
10.98 HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99 LI THOTRIpsy	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)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
		5.00	6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS						
1.00 PHYSICAL THERAPY	0	0	0	0	0	1.00
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 LI THOTRIpsy	0	0	0	0	0	10.99
11.00 Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0110

Period: From 01/01/2018

Worksheet 0-8

Hospice CCN: 26-1537

To 12/31/2018

Date/Time Prepared: 5/30/2019 9:10 am

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,866,142	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			6,968	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			267.82	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	6,785	39		9.00
10.00	Program cost (line 8 times line 9)	1,817,159	10,445		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			155,948	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			50	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			3,118.96	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	31	0		14.00
15.00	Program cost (line 13 times line 14)	96,688	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,484	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,023,574	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,018	22.00
23.00	Average cost per diem (line 21 divided by line 22)			288.34	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0110	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 9:10 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,114,203	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		523,747	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)		105.15	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.89	8.00
9.00	Sum of lines 7 and 8		21.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.52	10.00
11.00	Disproportionate share adjustment (see instructions)		140,762	11.00
12.00	Total prospective capital payments (see instructions)		3,778,712	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 01/01/2018 To 12/31/2018		Worksheet M-1 Date/Time Prepared: 5/30/2019 9:10 am	
		RHC II		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	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	1,675,067	40,473	1,715,540	0	1,715,540	1.00
2.00	Physician Assistant	370,272	0	370,272	0	370,272	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	411,217	0	411,217	0	411,217	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	102,127	0	102,127	0	102,127	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,558,683	40,473	2,599,156	0	2,599,156	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	252,658	252,658	0	252,658	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	55,053	55,053	0	55,053	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	307,711	307,711	0	307,711	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,558,683	348,184	2,906,867	0	2,906,867	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	239	239	0	239	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	239	239	0	239	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	305,504	319,430	624,934	0	624,934	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	305,504	319,430	624,934	0	624,934	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,864,187	667,853	3,532,040	0	3,532,040	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 26-0110	Period:	Worksheet M-1
	Component CCN: 26-8657	From 01/01/2018 To 12/31/2018	Date/Time Prepared: 5/30/2019 9:10 am
		RHC II	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	-58,137	1,657,403
2.00	Physician Assistant	0	370,272
3.00	Nurse Practitioner	0	0
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	411,217
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	102,127
10.00	Subtotal (sum of lines 1 through 9)	-58,137	2,541,019
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	252,658
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	55,053
19.00	Other Health Care Costs	0	0
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	307,711
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-58,137	2,848,730
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	239
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	239
FACILITY OVERHEAD			
29.00	Facility Costs	0	0
30.00	Administrative Costs	0	624,934
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	624,934
32.00	Total facility costs (sum of lines 22, 28 and 31)	-58,137	3,473,903

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN: 26-0110 Component CCN: 26-8674		Period: From 01/01/2018 To 12/31/2018		Worksheet M-1 Date/Time Prepared: 5/30/2019 9:10 am	
		RHC III		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	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	1,340,769	26,236	1,367,005	0	1,367,005	1.00
2.00	Physician Assistant	162,589	0	162,589	0	162,589	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	320,037	0	320,037	0	320,037	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)	1,823,395	26,236	1,849,631	0	1,849,631	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	755,228	755,228	0	755,228	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	32,698	32,698	0	32,698	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	787,926	787,926	0	787,926	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,823,395	814,162	2,637,557	0	2,637,557	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	0	0	0	0	0	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	195,413	239,920	435,333	0	435,333	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	195,413	239,920	435,333	0	435,333	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,018,808	1,054,082	3,072,890	0	3,072,890	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 26-0110	Period:	Worksheet M-1
	Component CCN: 26-8674	From 01/01/2018 To 12/31/2018	Date/Time Prepared: 5/30/2019 9:10 am
		RHC III	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
	6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-26,396	1,340,609	1.00
2.00	Physician Assistant	0	162,589	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	320,037	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)	-26,396	1,823,235	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	755,228	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	32,698	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	787,926	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-26,396	2,611,161	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	0	0	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	435,333	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	435,333	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-26,396	3,046,494	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2018 To 12/31/2018	Worksheet M-2 Date/Time Prepared: 5/30/2019 9:10 am
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		RHC II		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	3.92	23,532	4,200	16,464	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	2.66	8,316	2,100	5,586	3.00
4.00	Subtotal (sum of lines 1 through 3)	6.58	31,848		22,050	4.00
5.00	Visiting Nurse	0.00	0			5.00
6.00	Clinical Psychologist	0.00	0			6.00
7.00	Clinical Social Worker	0.00	0			7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	6.58	31,848			8.00
9.00	Physician Services Under Agreements		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)				2,848,730	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				239	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				2,848,969	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.999916	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				624,934	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,649,293	15.00
16.00	Total overhead (sum of lines 14 and 15)				2,274,227	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				2,274,227	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				2,274,036	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				5,122,766	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2018 To 12/31/2018	Worksheet M-2 Date/Time Prepared: 5/30/2019 9:10 am
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		RHC III					Cost
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	3.48	18,912	4,200	14,616		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.48	5,145	2,100	3,108		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.96	24,057		17,724	24,057	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)	4.96	24,057			24,057	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)					2,611,161	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)					2,611,161	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)					435,333	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,141,858	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,577,191	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,577,191	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,577,191	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					4,188,352	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2018 To 12/31/2018	Worksheet M-3 Date/Time Prepared: 5/30/2019 9:10 am
		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)		5,122,766	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		330,916	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		4,791,850	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		31,848	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)		31,848	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		150.46	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)	0.00	83.45	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	83.45	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	8,694	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	725,514	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	725,514	16.00
16.01	Total program charges (see instructions)(from contractor's records)		1,134,691	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		61,055	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		39,038	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.)		456,871	16.04
16.05	Total program cost (see instructions)	0	495,909	16.05
17.00	Primary payer amounts		852	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		115,387	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		191,629	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		495,057	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		121,554	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		616,611	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)		616,611	26.00
26.01	Sequestration adjustment (see instructions)		12,332	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		478,433	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)		125,846	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §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 01/01/2018 To 12/31/2018	Worksheet M-3 Date/Time Prepared: 5/30/2019 9:10 am
		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)		4,188,352	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)		4,188,352	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		24,057	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)		24,057	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		174.10	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)	0.00	83.45	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	83.45	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)			16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			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.)			16.04
16.05	Total program cost (see instructions)	0	0	16.05
17.00	Primary payer amounts			17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			22.00
23.00	Allowable bad debts (see instructions)			23.00
23.01	Adjusted reimbursable bad debts (see instructions)			23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			25.50
25.99	Demonstration payment adjustment amount before sequestration			25.99
26.00	Net reimbursable amount (see instructions)			26.00
26.01	Sequestration adjustment (see instructions)			26.01
26.02	Demonstration payment adjustment amount after sequestration			26.02
27.00	Interim payments			27.00
28.00	Tentative settlement (for contractor use only)			28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2			30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 26-0110 Component CCN: 26-8657	Period: From 01/01/2018 To 12/31/2018	Worksheet M-4 Date/Time Prepared: 5/30/2019 9:10 am	
		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)		2,541,019	2,541,019	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.006584	0.025945	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		16,730	65,927	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		70,080	31,283	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		86,810	97,210	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		2,848,730	2,848,730	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		2,274,036	2,274,036	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.030473	0.034124	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		69,297	77,599	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		156,107	174,809	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		539	1,603	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		289.62	109.05	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		216	541	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		62,558	58,996	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)			330,916	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)			121,554	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 26-0110 Component CCN: 26-8674	Period: From 01/01/2018 To 12/31/2018	Worksheet M-4 Date/Time Prepared: 5/30/2019 9:10 am	
		Title XVIII	RHC III	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		1,823,235	1,823,235	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000000	0.000000	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		0	0	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		0	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		2,611,161	2,611,161	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,577,191	1,577,191	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.000000	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		0	0	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		0	0	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		0	0	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		0.00	0.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		0	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		0	0	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)			0	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)			0	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 01/01/2018 To 12/31/2018	Worksheet M-5 Date/Time Prepared: 5/30/2019 9:10 am
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		RHC II	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		478,433	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)		478,433	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		125,846	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		604,279	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00