

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: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/31/2019 2:27 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2019	Time: 2:27 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MONROE CLINIC ( 52-0028 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) JOHN MEICHER  
 Officer or Administrator of Provider(s)

REGIONAL HOSPITAL CFO  
 Title

(Dated when report is electronically signed.)  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-16,926	211,312	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	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	1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-16,926	211,313	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 2:27 pm										
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: WI		4.00 Zip Code: 53566		County: GREEN								
1.00 Street: 515 22ND AVENUE		2.00 City: MONROE		3.00 CCN Number		4.00 CBSA Number		5.00 Provider Type		6.00 Date Certified		7.00 Payment System (P, T, O, or N)		8.00 V XVIII XIX		
1.00 Component Name		2.00 CCN Number		3.00 CBSA Number		4.00 Provider Type		5.00 Date Certified		6.00 Payment System (P, T, O, or N)		7.00 V XVIII XIX		8.00		
Hospital and Hospital-Based Component Identification:																
3.00	Hospital	MONROE CLINIC	520028	31540	1	07/01/1966	N	P	O							
4.00	Subprovider - IPF															
5.00	Subprovider - IRF															
6.00	Subprovider - (Other)															
7.00	Swing Beds - SNF															
8.00	Swing Beds - NF															
9.00	Hospital-Based SNF															
10.00	Hospital-Based NF															
11.00	Hospital-Based OLTC															
12.00	Hospital-Based HHA	MONROE CLINIC HOMECARE	527157	31540		05/21/1985	N	P	N							
13.00	Separately Certified ASC															
14.00	Hospital-Based Hospice	MONROE CLINIC HOSPICE	521523	31540		09/01/1988										
15.00	Hospital-Based Health Clinic - RHC															
16.00	Hospital-Based Health Clinic - FQHC															
17.00	Hospital-Based (CMHC) I															
17.10	Hospital-Based (CORF) I															
18.00	Renal Dialysis															
19.00	Other															
						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)					1				21.00						
						1.00		2.00		3.00						
Inpatient PPS Information																
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N										22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N										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.					N	3									23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days									
		1.00	2.00	3.00	4.00	5.00	6.00									
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				182	165	0	689	578	74						24.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	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)					Y	Y	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	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					Y			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					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.			N			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)					0	76.00

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						1.00			
<b>Long Term Care Hospital PPS</b>									
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		
<b>TEFRA Providers</b>									
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		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 2:27 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	306,674	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.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
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			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 2:27 pm
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		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: SSM HEALTH	Contractor's Name: WPS		Contractor's Number: 05301			141.00			
142.00	Street: 10101 WOODFIELD LANE	PO Box:					142.00			
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132			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.	N						145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N						146.00		
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N						147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N						148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N						149.00		
		Part A		Part B		Title V		Title XIX		
		1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N	155.00	
156.00	Subprovider - IPF	N		N		N		N	156.00	
157.00	Subprovider - IRF	N		N		N		N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N		N		N		N	159.00	
160.00	HOME HEALTH AGENCY	N		N		N		N	160.00	
161.00	CMHC							N	161.00	
161.10	CORF			N		N		N	161.10	
								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)	0						168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99						169.00		
								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)			10/01/2016		09/30/2017			170.00	
								1.00		
								2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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						0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 2:27 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/08/2018	Y	05/08/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 2:27 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
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.	JOE	SVETLIK		41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343	JSVETLIK@RWHC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 2:27 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	FINANCIAL CONSULTANT		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: 52-0028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	52	18,980	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)		52	18,980	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		58	21,170	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		58				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: 52-0028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,624	129	7,581			1.00
2.00 HMO and other (see instructions)	1,182	979				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				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)	3,624	129	7,581			7.00
8.00 INTENSIVE CARE UNIT	561	18	1,069			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		488	959			13.00
14.00 Total (see instructions)	4,185	635	9,609	0.24	988.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	5,464	0	9,413	0.00	20.16	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	21.60	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.24	1,030.46	27.00
28.00 Observation Bed Days		92	597			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	74	153			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: 52-0028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,124	57	2,540	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,124	57	2,540	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	85,669,825	0	85,669,825	2,143,356.80	39.97
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		30,535,686	0	30,535,686	239,844.80	127.31
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		11,261	0	11,261	499.20	22.56
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,187,441	54,142	5,241,583	149,385.60	35.09
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		565,080	0	565,080	9,444.71	59.83
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		2,249,758	0	2,249,758	70,509.04	31.91
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		12,317,193	0	12,317,193		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,205,090	0	1,205,090		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		7,489,229	0	7,489,229		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		691,623	0	691,623		
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		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	971,995	1,078,844	2,050,839	35,942.40	57.06
27.00	Administrative & General	5.00	12,854,258	-1,078,844	11,775,414	299,790.40	39.28

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	98,814	0	98,814	1,084.19	91.14	28.00
29.00	Maintenance & Repairs	1,224,640	0	1,224,640	44,241.60	27.68	29.00
30.00	Operation of Plant	263,521	0	263,521	6,198.40	42.51	30.00
31.00	Laundry & Linen Service	145,196	0	145,196	11,918.40	12.18	31.00
32.00	Housekeeping	715,274	0	715,274	49,150.40	14.55	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	875,628	0	875,628	56,700.80	15.44	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	146,737	0	146,737	3,140.80	46.72	38.00
39.00	Central Services and Supply	398,055	0	398,055	23,275.20	17.10	39.00
40.00	Pharmacy	1,636,868	0	1,636,868	40,414.40	40.50	40.00
41.00	Medical Records & Medical Records Library	391,570	0	391,570	24,419.20	16.04	41.00
42.00	Social Service	139,415	0	139,415	5,179.20	26.92	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2019 2:27 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	55,221,692	0	55,221,692	1,904,096.99	29.00	1.00
2.00	Excluded area salaries (see instructions)	5,187,441	54,142	5,241,583	149,385.60	35.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,034,251	-54,142	49,980,109	1,754,711.39	28.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,814,838	0	2,814,838	79,953.75	35.21	4.00
5.00	Subtotal wage-related costs (see inst.)	13,008,816	0	13,008,816	0.00	26.03	5.00
6.00	Total (sum of lines 3 thru 5)	65,857,905	-54,142	65,803,763	1,834,665.14	35.87	6.00
7.00	Total overhead cost (see instructions)	19,861,971	0	19,861,971	601,455.39	33.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2019 2:27 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		3,557,954	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		377,372	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		10,043,193	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		276,119	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		65,355	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)		584,888	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		386,594	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		5,338,077	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		29,016	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		352,945	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,011,513	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 52-0028

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	824,172	16,430,784	1.00
2.00	Hospital	824,172	16,430,784	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 52-0028 Component CCN: 52-7157		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/31/2019 2:27 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			GREEN		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	688	4	13	705	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	361.00	17.00	100.00	478.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.54	0.00	1.54	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			10.64	0.00	10.64	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.03	0.00	2.03	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.19	0.00	1.19	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.08	0.08	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.05	0.00	1.05	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	OFFICE SUPPORT			3.71	0.00	3.71	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.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	27500					20.00
20.01		31540					20.01
20.02		40420					20.02
20.03		50184					20.03
20.04		50185					20.04
20.05		99914					20.05
20.06		99952					20.06
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,967	431	162	17	3,577	21.00
22.00	Skilled Nursing Visit Charges	569,280	82,752	31,104	3,264	686,400	22.00
23.00	Physical Therapy Visits	752	39	27	12	830	23.00
24.00	Physical Therapy Visit Charges	151,500	7,878	5,454	2,424	167,256	24.00
25.00	Occupational Therapy Visits	378	14	5	5	402	25.00
26.00	Occupational Therapy Visit Charges	87,696	3,248	1,160	1,160	93,264	26.00
27.00	Speech Pathology Visits	45	0	0	0	45	27.00
28.00	Speech Pathology Visit Charges	10,935	0	0	0	10,935	28.00
29.00	Medical Social Service Visits	51	6	0	0	57	29.00
30.00	Medical Social Service Visit Charges	11,475	1,350	0	0	12,825	30.00
31.00	Home Health Aide Visits	470	85	0	4	559	31.00
32.00	Home Health Aide Visit Charges	43,056	7,820	0	368	51,244	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,663	575	194	38	5,470	33.00
34.00	Other Charges	102,386	16,946	4,082	0	123,414	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	976,328	119,994	41,800	7,216	1,145,338	35.00
36.00	Total Number of Episodes (standard/non outlier)	325		67	4	396	36.00
37.00	Total Number of Outlier Episodes		22		0	22	37.00
38.00	Total Non-Routine Medical Supply Charges	77,917	9,976	3,847	0	91,740	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2018 To 12/31/2018	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/31/2019 2:27 pm
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	9,671	0	0	9,671	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	9,671	0	0	9,671	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: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/31/2019 2:27 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.264322	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		3,145,285	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		35,008,086	6.00
7.00	Medicaid cost (line 1 times line 6)		9,253,407	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)		6,108,122	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)		6,108,122	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)	2,050,168	0	2,050,168
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	541,905	0	541,905
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	541,905	0	541,905
			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)		2,749,674	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		375,810	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		578,170	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,171,504	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		776,336	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,318,241	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,426,363	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/31/2019 2:27 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		3,628,727		-854,217	2,774,510	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	971,995	1,858,982	2,830,977	1,374,337	4,205,314	4.00
5.01	00550	DATA PROCESSING	4,236,666	8,316,340	12,553,006	-488,764	12,064,242	5.01
5.02	00540	NONPATIENT TELEPHONES	163,507	67,998	231,505	287,393	518,898	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	153,032	37,702	190,734	0	190,734	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	538,315	331,268	869,583	0	869,583	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	7,762,738	12,336,334	20,099,072	-2,031,794	18,067,278	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,224,640	3,898,725	5,123,365	-1,600,985	3,522,380	6.00
7.00	00700	OPERATION OF PLANT	263,521	152,618	416,139	1,219,950	1,636,089	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	145,196	144,750	289,946	0	289,946	8.00
9.00	00900	HOUSEKEEPING	715,274	807,015	1,522,289	-266,881	1,255,408	9.00
10.00	01000	DIETARY	875,628	887,934	1,763,562	0	1,763,562	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	146,737	121,079	267,816	0	267,816	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	398,055	944,219	1,342,274	-312,680	1,029,594	14.00
15.00	01500	PHARMACY	1,636,868	2,385,814	4,022,682	0	4,022,682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	391,570	225,274	616,844	0	616,844	16.00
17.00	01700	SOCIAL SERVICE	139,415	33,174	172,589	0	172,589	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,261	11,261	0	11,261	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	273,951	69,385	343,336	62,894	406,230	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,285,344	2,555,941	7,841,285	-16,900	7,824,385	30.00
31.00	03100	INTENSIVE CARE UNIT	951,709	495,361	1,447,070	-6,090	1,440,980	31.00
43.00	04300	NURSERY	381,873	131,920	513,793	0	513,793	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,569,128	4,702,153	6,271,281	-1,961,772	4,309,509	50.00
51.00	05100	RECOVERY ROOM	268,687	110,661	379,348	-2,179	377,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	460,881	159,214	620,095	-26,878	593,217	52.00
53.00	05300	ANESTHESIOLOGY	2,125,896	1,669,920	3,795,816	-65,075	3,730,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,413,144	1,757,731	3,170,875	-577,462	2,593,413	54.00
57.00	05700	CT SCAN	343,812	431,317	775,129	-53,715	721,414	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	238,090	283,039	521,129	-52,273	468,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	529,724	1,061,512	1,591,236	-566,155	1,025,081	59.00
60.00	06000	LABORATORY	2,667,850	4,186,455	6,854,305	0	6,854,305	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	584,348	327,884	912,232	-23,750	888,482	65.00
66.00	06600	PHYSICAL THERAPY	1,147,945	395,104	1,543,049	-4,088	1,538,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	315,235	83,396	398,631	-499	398,132	67.00
68.00	06800	SPEECH PATHOLOGY	0	174,394	174,394	0	174,394	68.00
69.00	06900	ELECTROCARDIOLOGY	277,568	164,360	441,928	-87	441,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,908	7,878	17,786	0	17,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,469,229	2,469,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,327,970	1,327,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,415,722	700,724	2,116,446	-105,202	2,011,244	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	36,903,628	23,680,854	60,584,482	2,298,067	62,882,549	90.00
91.00	09100	EMERGENCY	3,547,995	2,195,423	5,743,418	-19,533	5,723,885	91.00
91.01	09101	CARDIAC REHAB	280,740	104,331	385,071	-2,861	382,210	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	759,464	428,280	1,187,744	0	1,187,744	100.00
101.00	10100	HOME HEALTH AGENCY	1,382,131	561,472	1,943,603	0	1,943,603	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,121,815	1,157,151	2,278,966	0	2,278,966	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,019,745	83,785,074	167,804,819	0	167,804,819	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,185	341,439	471,624	0	471,624	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,519,895	5,724,206	7,244,101	0	7,244,101	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	85,669,825	89,850,719	175,520,544	0	175,520,544	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	80,876	2,855,386	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	15,919	15,919	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	4,205,314	4.00
5.01	00550 DATA PROCESSING	0	12,064,242	5.01
5.02	00540 NONPATIENT TELEPHONES	0	518,898	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	190,734	5.03
5.04	00570 ADMITTING	0	0	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	869,583	5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	3,103,129	21,170,407	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	3,522,380	6.00
7.00	00700 OPERATION OF PLANT	-1,672	1,634,417	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-5,472	284,474	8.00
9.00	00900 HOUSEKEEPING	0	1,255,408	9.00
10.00	01000 DIETARY	-587,603	1,175,959	10.00
11.00	01100 CAFETERIA	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	-1,270	266,546	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-11,944	1,017,650	14.00
15.00	01500 PHARMACY	-846	4,021,836	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	616,844	16.00
17.00	01700 SOCIAL SERVICE	0	172,589	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	11,261	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02301 PARAMED ED PRGM- PHARMACY	0	406,230	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-3,644,391	4,179,994	30.00
31.00	03100 INTENSIVE CARE UNIT	0	1,440,980	31.00
43.00	04300 NURSERY	0	513,793	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	4,309,509	50.00
51.00	05100 RECOVERY ROOM	0	377,169	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	593,217	52.00
53.00	05300 ANESTHESIOLOGY	-3,434,478	296,263	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,593,413	54.00
57.00	05700 CT SCAN	0	721,414	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	468,856	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,025,081	59.00
60.00	06000 LABORATORY	-646,825	6,207,480	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	888,482	65.00
66.00	06600 PHYSICAL THERAPY	-6,201	1,532,760	66.00
67.00	06700 OCCUPATIONAL THERAPY	-8,031	390,101	67.00
68.00	06800 SPEECH PATHOLOGY	0	174,394	68.00
69.00	06900 ELECTROCARDIOLOGY	0	441,841	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	17,786	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,469,229	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,327,970	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	2,011,244	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-28,674,627	34,207,922	90.00
91.00	09100 EMERGENCY	-2,412,731	3,311,154	91.00
91.01	09101 CARDIAC REHAB	0	382,210	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	-22,482	1,165,262	100.00
101.00	10100 HOME HEALTH AGENCY	0	1,943,603	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
116.00	11600 HOSPICE	0	2,278,966	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-36,258,649	131,546,170	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	471,624	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 MONROE CLINIC INN	0	0	194.00
194.01	07951 5 WEST	0	0	194.01
194.02	07952 LI FELINE	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.03	07953	PHARMACY NURSING HOME	6.00	7.00	
194.04	07954	FREESTANDING CLINIC	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,258,649	139,261,895	194.04 200.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
<b>A - TO RECLASSIFY PHONE COSTS</b>						
1.00	NONPATIENT TELEPHONES		5.02	0	488,764	1.00
	TOTALS			0	488,764	
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO		72.00	0	1,327,970	1.00
	PATIENT					
2.00			0.00	0	0	2.00
	TOTALS			0	1,327,970	
<b>C - TO RECLASS M/S COSTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO		71.00	0	2,469,324	1.00
	PATIENTS					
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
17.00			0.00	0	0	17.00
18.00			0.00	0	0	18.00
19.00			0.00	0	0	19.00
	TOTALS			0	2,469,324	
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	29,016	1.00
	TOTALS			0	29,016	
<b>E - TO RECLASSIFY WORKERS COMP</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	218,739	1.00
	TOTALS			0	218,739	
<b>F - TO RECLASSIFY RETIREMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	47,738	1.00
	TOTALS			0	47,738	
<b>H - PHARMACY RESIDENT PRECEPTOR</b>						
1.00	PARAMED ED PRGM- PHARMACY		23.00	54,142	8,752	1.00
	TOTALS			54,142	8,752	
<b>I - TO RECLASSIFY RENTAL SPD</b>						
1.00	CENTRAL SERVICES & SUPPLY		14.00	0	95	1.00
	TOTALS			0	95	
<b>J - TO RECLASS CLINIC DEPRECIATION</b>						
1.00	CLINIC		90.00	0	854,217	1.00
	TOTALS			0	854,217	
<b>L - TO RECLASS CLINIC HSKPG</b>						
1.00	CLINIC		90.00	0	266,881	1.00
	TOTALS			0	266,881	
<b>M - TO RECLASS PROP TAXES</b>						
1.00	CLINIC		90.00	0	562,855	1.00
	TOTALS			0	562,855	
<b>O - TO RECLASS UTILITIES TO PLANT</b>						
1.00	OPERATION OF PLANT		7.00	0	1,600,985	1.00
	TOTALS			0	1,600,985	
<b>P - TO RECLASS GAIN SHARE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	1,078,844	0	1.00
	TOTALS			1,078,844	0	
<b>Q - TO RECLASS PROPERTY INSURANCE</b>						
1.00	CLINIC		90.00	0	94,602	1.00
	TOTALS			0	94,602	
<b>T - TO RECLASS CLINIC PHONE EXPENSE</b>						
1.00	CLINIC		90.00	0	201,371	1.00
	TOTALS			0	201,371	
<b>U - TO RECLASSIFY CLINIC UTILITIES</b>						
1.00	CLINIC		90.00	0	381,035	1.00
	TOTALS			0	381,035	
500.00	Grand Total: Increases			1,132,986	8,552,344	500.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - TO RECLASSIFY PHONE COSTS</b>							
1.00	DATA PROCESSING	5.01	0	488,764	0		1.00
	TOTALS		0	488,764			
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	1,001,503	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	326,467	0		2.00
	TOTALS		0	1,327,970			
<b>C - TO RECLASS M/S COSTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	312,775	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	16,900	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,090	0		3.00
4.00	OPERATING ROOM	50.00	0	960,269	0		4.00
5.00	RECOVERY ROOM	51.00	0	2,179	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,878	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	65,075	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	577,462	0		8.00
9.00	CT SCAN	57.00	0	53,715	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	52,273	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	239,688	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	23,750	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	4,088	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	499	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	87	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	2,837	0		16.00
17.00	ASC (NON-DISTINCT PART)	75.00	0	102,365	0		17.00
18.00	EMERGENCY	91.00	0	19,533	0		18.00
19.00	CARDIAC REHAB	91.01	0	2,861	0		19.00
	TOTALS		0	2,469,324			
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	29,016	0		1.00
	TOTALS		0	29,016			
<b>E - TO RECLASSIFY WORKERS COMP</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	218,739	0		1.00
	TOTALS		0	218,739			
<b>F - TO RECLASSIFY RETIREMENT</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	47,738	0		1.00
	TOTALS		0	47,738			
<b>H - PHARMACY RESIDENT PRECEPTOR</b>							
1.00	CLINIC	90.00	54,142	8,752	0		1.00
	TOTALS		54,142	8,752			
<b>I - TO RECLASSIFY RENTAL SPD</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	95	0		1.00
	TOTALS		0	95			
<b>J - TO RECLASS CLINIC DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	854,217	9		1.00
	TOTALS		0	854,217			
<b>L - TO RECLASS CLINIC HSKPG</b>							
1.00	HOUSEKEEPING	9.00	0	266,881	0		1.00
	TOTALS		0	266,881			
<b>M - TO RECLASS PROP TAXES</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	562,855	0		1.00
	TOTALS		0	562,855			
<b>O - TO RECLASS UTILITIES TO PLANT</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,600,985	0		1.00
	TOTALS		0	1,600,985			
<b>P - TO RECLASS GAIN SHARE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	1,078,844	0	0		1.00
	TOTALS		1,078,844	0			
<b>Q - TO RECLASS PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	94,602	12		1.00
	TOTALS		0	94,602			
<b>T - TO RECLASS CLINIC PHONE EXPENSE</b>							
1.00	NONPATIENT TELEPHONES	5.02	0	201,371	0		1.00
	TOTALS		0	201,371			

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2019 2:27 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
U - TO RECLASSIFY CLINIC UTILITIES							
1.00	OPERATION OF PLANT	7.00	0	381,035	0		1.00
	TOTALS		0	381,035			
500.00	Grand Total: Decreases		1,132,986	8,552,344			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,721,352	1,328,648	0	1,328,648	0	1.00
2.00	Land Improvements	6,853,515	0	0	0	5,591,165	2.00
3.00	Buildings and Fixtures	105,976,155	5,923,089	0	5,923,089	52,162,191	3.00
4.00	Building Improvements	40,427,638	0	0	0	8,795	4.00
5.00	Fixed Equipment	7,352,314	8,795	0	8,795	6,824,209	5.00
6.00	Movable Equipment	78,518,518	1,006,021	0	1,006,021	65,356,813	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	240,849,492	8,266,553	0	8,266,553	129,943,173	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	240,849,492	8,266,553	0	8,266,553	129,943,173	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,050,000	0				1.00
2.00	Land Improvements	1,262,350	0				2.00
3.00	Buildings and Fixtures	59,737,053	0				3.00
4.00	Building Improvements	40,418,843	0				4.00
5.00	Fixed Equipment	536,900	0				5.00
6.00	Movable Equipment	14,167,726	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	119,172,872	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	119,172,872	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,628,727	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,628,727	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,628,727				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,628,727				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	104,468,246	0	104,468,246	0.876611	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	14,704,626	0	14,704,626	0.123389	0	2.00
3.00	Total (sum of lines 1-2)	119,172,872	0	119,172,872	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,855,386	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,919	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,871,305	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,855,386	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,919	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,871,305	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
		1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-11,944	CENTRAL SERVICES & SUPPLY	14.00	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)	B	-3,555	OTHER ADMINISTRATIVE & GENERAL	5.06	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	-32,709,362			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	4,540,322			0	12.00
13.00 Laundry and linen service	B	-5,472	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-587,603	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-846	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-1,672	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 HOSPITALIST MID LEVEL SALARIES	A	-961,008	ADULTS & PEDIATRICS	30.00	0	33.00
34.00 HOSPITALIST MID LEVEL FRINGES	A	-284,458	ADULTS & PEDIATRICS	30.00	0	34.00
35.00 OUTREACH REVENUE	B	-1,270	NURSING ADMINISTRATION	13.00	0	35.00
35.01 ADVERTISING EXPENSE	A	-47,763	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.01
36.00 MISC REVENUE	B	-235,297	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00 MID LEVEL SALARIES	A	-3,859,853	CLINIC	90.00	0	37.00
38.00 MID LEVEL FRINGE BENEFITS	A	-1,142,516	CLINIC	90.00	0	38.00
39.00 E/R MID LEVEL	A	-337,924	CLINIC	90.00	0	39.00
40.00 E/R MID LEVEL FRINGES	A	-100,026	CLINIC	90.00	0	40.00
41.00 RURAL RESIDENCY GRANT	B	-22,482	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	41.00
42.00 PT OUTREACH	A	-6,201	PHYSICAL THERAPY	66.00	0	42.00
43.00 OT OUTREACH	A	-8,031	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00 INTEREST EXPENSE	A	-471,688	INTEREST EXPENSE	113.00	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,258,649				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: 52-0028  
 Period: From 01/01/2018 To 12/31/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 5/31/2019 2:27 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	CORPORATE FEES A&G	3,971,839
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CORPORATE FEES - CAPITAL	80,876
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	CORPORATE FEES - CAPITAL	15,919
4.00	113.00	INTEREST EXPENSE	CORPORATE - INTEREST	471,688
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,540,322

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

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

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

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

6.00	B	SSM HEALTH CARE	100.00	0.00	6.00
7.00	B	SSM DATA CENTER	100.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				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: 52-0028

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2019 2:27 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	3,971,839	0		1.00
2.00	80,876	9		2.00
3.00	15,919	9		3.00
4.00	471,688	0		4.00
5.00	4,540,322			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-0028

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2019 2:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	EMERGENCY	1,169,004	1,169,004	0	0	0	1.00
2.00	91.00	EMERGENCY	133,119	133,119	0	0	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE & GENERAL	205,779	205,779	0	0	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE & GENERAL	376,316	376,316	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,958,455	1,958,455	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	195,255	195,255	0	0	0	6.00
7.00	60.00	LABORATORY	584,541	584,541	0	0	0	7.00
8.00	60.00	LABORATORY	62,284	62,284	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,143,485	1,143,485	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	123,263	123,263	0	0	0	10.00
11.00	90.00	CLINIC	19,681,540	19,681,540	0	0	0	11.00
12.00	90.00	CLINIC	2,523,483	2,523,483	0	0	0	12.00
13.00	91.00	EMERGENCY	1,110,608	1,110,608	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	1,280,768	1,280,768	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	1,132,177	1,132,177	0	0	0	15.00
16.00	90.00	CLINIC	1,029,285	1,029,285	0	0	0	16.00
200.00			32,709,362	32,709,362	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	1,169,004		1.00
2.00	91.00	EMERGENCY	0	0	0	133,119		2.00
3.00	5.06	OTHER ADMINSTRATIVE & GENERAL	0	0	0	205,779		3.00
4.00	5.06	OTHER ADMINSTRATIVE & GENERAL	0	0	0	376,316		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,958,455		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	195,255		6.00
7.00	60.00	LABORATORY	0	0	0	584,541		7.00
8.00	60.00	LABORATORY	0	0	0	62,284		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,143,485		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	123,263		10.00
11.00	90.00	CLINIC	0	0	0	19,681,540		11.00
12.00	90.00	CLINIC	0	0	0	2,523,483		12.00
13.00	91.00	EMERGENCY	0	0	0	1,110,608		13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	1,280,768		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,132,177		15.00
16.00	90.00	CLINIC	0	0	0	1,029,285		16.00
200.00			0	0	0	32,709,362		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2019 2: 27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	2,855,386	2,855,386			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	15,919		15,919		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,205,314	41,973	0	4,247,287	4.00
5.01 00550	DATA PROCESSING	12,064,242	21,715	0	215,193	12,301,150 5.01
5.02 00540	NONPATIENT TELEPHONES	518,898	2,166	0	8,305	19,841 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	190,734	2,888	0	7,773	59,522 5.03
5.04 00570	ADMINISTRATIVE	0	13,009	0	0	119,043 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	869,583	36,096	0	27,343	357,130 5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	21,170,407	92,161	0	339,495	1,071,390 5.06
6.00 00600	MAINTENANCE & REPAIRS	3,522,380	44,146	0	62,203	436,492 6.00
7.00 00700	OPERATION OF PLANT	1,634,417	1,111,190	0	13,385	59,522 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	284,474	38,861	0	7,375	39,681 8.00
9.00 00900	HOUSEKEEPING	1,255,408	22,668	0	36,331	39,681 9.00
10.00 01000	DIETARY	1,175,959	61,522	0	44,476	59,522 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	266,546	10,150	0	7,453	19,841 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,017,650	34,797	0	20,218	99,203 14.00
15.00 01500	PHARMACY	4,021,836	14,157	0	83,141	277,768 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	616,844	88,566	0	19,889	238,087 16.00
17.00 01700	SOCIAL SERVICE	172,589	5,357	0	7,081	39,681 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,261	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02301	PARAMED ED PRGM- PHARMACY	406,230	780	0	16,665	39,681 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,179,994	284,799	15,919	268,458	1,368,999 30.00
31.00 03100	INTENSIVE CARE UNIT	1,440,980	39,691	0	48,340	257,927 31.00
43.00 04300	NURSERY	513,793	5,674	0	19,396	19,841 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,309,509	106,130	0	79,701	456,333 50.00
51.00 05100	RECOVERY ROOM	377,169	14,922	0	13,647	59,522 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	593,217	12,128	0	23,410	19,841 52.00
53.00 05300	ANESTHESIOLOGY	296,263	0	0	107,981	99,203 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,593,413	69,998	0	71,778	218,246 54.00
57.00 05700	CT SCAN	721,414	11,666	0	17,463	19,841 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	468,856	34,999	0	12,093	19,841 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,025,081	27,022	0	26,906	119,043 59.00
60.00 06000	LABORATORY	6,207,480	59,169	0	135,508	555,536 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	888,482	6,382	0	29,681	59,522 65.00
66.00 06600	PHYSICAL THERAPY	1,532,760	78,697	0	58,308	158,725 66.00
67.00 06700	OCCUPATIONAL THERAPY	390,101	3,696	0	16,012	79,362 67.00
68.00 06800	SPEECH PATHOLOGY	174,394	1,949	0	0	19,841 68.00
69.00 06900	ELECTROCARDIOLOGY	441,841	0	0	14,099	39,681 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	17,786	0	0	503	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,469,229	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	1,327,970	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	2,011,244	64,554	0	71,909	257,927 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	34,207,922	0	0	1,871,725	3,888,749 90.00
91.00 09100	EMERGENCY	3,311,154	97,806	0	180,213	634,898 91.00
91.01 09101	CARDIAC REHAB	382,210	30,443	0	14,260	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	1,165,262	1,155	0	38,575	39,681 100.00
101.00 10100	HOME HEALTH AGENCY	1,943,603	66,078	0	70,203	416,652 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	2,278,966	60,793	0	56,980	218,246 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	131,546,170	2,719,953	15,919	4,163,475	12,003,542 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	471,624	14,922	0	6,612	39,681 190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	40,428	0	0	0	0 192.00
194.00 07950 MONROE CLINIC INN	0	48,333	0	0	0	0 194.00
194.01 07951 5 WEST	0	0	0	0	0	0 194.01
194.02 07952 LIFELINE	0	0	0	0	0	0 194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	0 194.03
194.04 07954 FREESTANDING CLINIC	7,244,101	31,750	0	77,200	257,927	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	139,261,895	2,855,386	15,919	4,247,287	12,301,150	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B Part I Date/Time Prepared: 5/31/2019 2:27 pm

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES	549,210					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,678	266,595				5.03
5.04	00570	ADMINITTING	5,678	0	137,730			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	34,065	108	0	1,324,325		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	90,841	1,186	0	0	22,765,480	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,463	1,549	0	0	4,076,233	6.00
7.00	00700	OPERATION OF PLANT	5,678	31	0	0	2,824,223	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,785	793	0	0	374,969	8.00
9.00	00900	HOUSEKEEPING	3,785	1,668	0	0	1,359,541	9.00
10.00	01000	DIETARY	5,678	526	0	0	1,347,683	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,893	54	0	0	305,937	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,570	4,983	0	0	1,184,421	14.00
15.00	01500	PHARMACY	7,570	454	0	0	4,404,926	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,463	9	0	0	972,858	16.00
17.00	01700	SOCIAL SERVICE	3,785	1	0	0	228,494	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	11,261	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	1,893	2	0	0	465,251	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,710	1,291	7,227	59,887	6,209,284	30.00
31.00	03100	INTENSIVE CARE UNIT	7,570	470	1,666	13,803	1,810,447	31.00
43.00	04300	NURSERY	1,893	0	588	4,874	566,059	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,355	41,128	28,369	234,337	5,266,862	50.00
51.00	05100	RECOVERY ROOM	3,785	138	1,805	14,954	485,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,893	0	2,073	17,179	669,741	52.00
53.00	05300	ANESTHESIOLOGY	3,785	1,115	9,949	82,436	600,732	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,033	6,188	10,557	87,478	3,074,691	54.00
57.00	05700	CT SCAN	1,893	1,608	14,827	122,855	911,567	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,893	824	9,449	78,298	626,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,570	7,639	1,552	12,861	1,227,674	59.00
60.00	06000	LABORATORY	30,280	1,405	10,868	258,472	7,258,718	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,678	880	4,618	38,265	1,033,508	65.00
66.00	06600	PHYSICAL THERAPY	11,355	352	5,108	57,017	1,902,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,785	44	1,579	13,780	508,359	67.00
68.00	06800	SPEECH PATHOLOGY	1,893	7	821	6,801	205,706	68.00
69.00	06900	ELECTROCARDIOLOGY	1,893	762	5,209	43,165	546,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	18,289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,469,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,327,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	5,678	2,958	2,614	21,656	2,438,540	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	162,751	120,312	0	0	40,251,459	90.00
91.00	09100	EMERGENCY	13,248	1,559	18,411	152,560	4,409,849	91.00
91.01	09101	CARDIAC REHAB	0	0	440	3,647	431,000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	3,785	5	0	0	1,248,463	100.00
101.00	10100	HOME HEALTH AGENCY	7,570	680	0	0	2,504,786	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	4,164	2,037	0	0	2,621,186	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	530,285	202,766	137,730	1,324,325	130,946,563	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,785	3,214	0	0	539,838	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	40,428	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	48,333	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	15,140	60,615	0	0	7,686,733	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	549,210	266,595	137,730	1,324,325	139,261,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B Part I Date/Time Prepared: 5/31/2019 2:27 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00550	DATA PROCESSING					5.01	
5.02	00540	NONPATIENT TELEPHONES					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	22,765,480				5.06	
6.00	00600	MAINTENANCE & REPAIRS	796,569	4,872,802			6.00	
7.00	00700	OPERATION OF PLANT	551,904	823,818	4,199,945		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	73,276	673,735	109,537	1,231,517	8.00	
9.00	00900	HOUSEKEEPING	265,679	253,061	63,895	131,118	2,073,294	9.00
10.00	01000	DIETARY	263,362	258,539	173,411	35,822	31,228	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	59,786	1,096	28,610	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	231,457	216,910	98,081	15,444	8,922	14.00
15.00	01500	PHARMACY	860,802	59,157	39,904	0	3,432	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	190,114	12,051	249,637	0	3,432	16.00
17.00	01700	SOCIAL SERVICE	44,652	0	15,099	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,201	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	90,918	0	2,198	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,213,406	662,780	802,754	560,658	905,971	30.00
31.00	03100	INTENSIVE CARE UNIT	353,794	88,736	111,877	73,177	243,650	31.00
43.00	04300	NURSERY	110,618	0	15,994	0	12,354	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,029,240	359,325	299,146	32,828	171,585	50.00
51.00	05100	RECOVERY ROOM	94,962	36,152	42,061	103,091	3,432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,879	0	34,186	0	0	52.00
53.00	05300	ANESTHESIOLOGY	117,394	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	600,850	142,416	197,301	26,498	24,022	54.00
57.00	05700	CT SCAN	178,137	0	32,883	0	20,590	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	122,381	6,573	98,650	0	20,590	58.00
59.00	05900	CARDIAC CATHETERIZATION	239,910	15,337	76,165	0	97,254	59.00
60.00	06000	LABORATORY	1,418,484	262,921	166,778	7,915	42,793	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	201,966	18,624	17,988	10,993	17,158	65.00
66.00	06600	PHYSICAL THERAPY	371,748	58,062	221,821	36,760	17,158	66.00
67.00	06700	OCCUPATIONAL THERAPY	99,342	2,191	10,419	0	17,158	67.00
68.00	06800	SPEECH PATHOLOGY	40,199	0	5,494	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	106,825	0	0	0	17,158	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,574	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,532	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	259,509	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	476,535	185,140	181,958	0	85,792	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,865,842	0	0	143,371	214,138	90.00
91.00	09100	EMERGENCY	861,764	193,904	275,684	53,842	102,951	91.00
91.01	09101	CARDIAC REHAB	84,225	36,152	85,810	0	12,526	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	243,972	0	3,256	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	489,480	15,337	186,251	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	512,227	293,595	171,356	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,140,515	4,675,612	3,818,204	1,231,517	2,073,294	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,494	65,730	42,061	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,900	0	113,953	0	0	192.00
194.00	07950	MONROE CLINIC INN	9,445	2,191	136,234	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	1,502,126	129,269	89,493	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	22,765,480	4,872,802	4,199,945	1,231,517	2,073,294	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						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	2,110,045					10.00
11.00	01100	1,772,166	1,772,166				11.00
13.00	01300	0	4,823	400,252			13.00
14.00	01400	0	39,443	0	1,794,678		14.00
15.00	01500	0	69,068	26,597	0	5,463,886	15.00
16.00	01600	0	38,788	0	0	0	16.00
17.00	01700	0	7,475	2,879	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	13,021	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	279,472	246,336	94,860	85,994	25	30.00
31.00	03100	41,314	41,751	16,077	42,101	22	31.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	72,788	28,029	198,413	0	50.00
51.00	05100	0	10,300	3,966	15,676	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	13,366	5,147	121,825	0	53.00
54.00	05400	0	70,618	27,194	7,913	140	54.00
57.00	05700	0	13,882	5,346	0	1,304	57.00
58.00	05800	0	13,572	5,227	0	0	58.00
59.00	05900	0	16,432	6,328	326,658	0	59.00
60.00	06000	0	146,644	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	32,071	12,350	24,335	0	65.00
66.00	06600	0	54,359	20,933	29,859	0	66.00
67.00	06700	0	16,742	6,447	0	0	67.00
68.00	06800	0	34	13	0	0	68.00
69.00	06900	0	13,159	5,067	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	482,074	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	5,059,590	73.00
75.00	07500	14,027	68,275	26,292	281,571	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	476,999	0	0	0	90.00
91.00	09100	3,066	138,170	53,207	103,611	7,491	91.00
91.01	09101	0	12,780	4,921	1,792	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	26,800	10,320	0	0	100.00
101.00	10100	0	64,727	24,925	62,107	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	36,687	14,127	10,749	395,314	116.00
118.00		2,110,045	1,759,110	400,252	1,794,678	5,463,886	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	13,056	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2,110,045	1,772,166	400,252	1,794,678	5,463,886	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						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
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	1,466,880					16.00
17.00 01700 SOCIAL SERVICE	16,061	314,660				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	13,462			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0			571,388	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	412,225	266,900	0	0	571,388	30.00
31.00 03100 INTENSIVE CARE UNIT	42,829	21,071	0	0	0	31.00
43.00 04300 NURSERY	10,707	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	449,701	0	11,577	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,707	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	26,768	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	32,121	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	5,354	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	48,182	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	53,536	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	133,839	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	85,657	0	135	0	0	90.00
91.00 09100 EMERGENCY	139,193	15,452	1,750	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	8,428	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	2,809	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,466,880	314,660	13,462	0	571,388	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00			21.00
194.01 07951 5 WEST	0	0	0	0	0	0	194.01
194.02 07952 LI FELINE	0	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments			0	0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,466,880	314,660	13,462	0	571,388	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	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550 DATA PROCESSING				5.01
5.02	00540 NONPATIENT TELEPHONES				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
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02301 PARAMED ED PRGM- PHARMACY				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	12,312,053	0	12,312,053	30.00
31.00	03100 INTENSIVE CARE UNIT	2,886,846	0	2,886,846	31.00
43.00	04300 NURSERY	715,732	0	715,732	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	7,919,494	-11,577	7,907,917	50.00
51.00	05100 RECOVERY ROOM	795,582	0	795,582	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	845,513	0	845,513	52.00
53.00	05300 ANESTHESIOLOGY	885,232	0	885,232	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,203,764	0	4,203,764	54.00
57.00	05700 CT SCAN	1,163,709	0	1,163,709	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	893,246	0	893,246	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,005,758	0	2,005,758	59.00
60.00	06000 LABORATORY	9,304,253	0	9,304,253	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,374,347	0	1,374,347	65.00
66.00	06600 PHYSICAL THERAPY	2,761,204	0	2,761,204	66.00
67.00	06700 OCCUPATIONAL THERAPY	660,658	0	660,658	67.00
68.00	06800 SPEECH PATHOLOGY	251,446	0	251,446	68.00
69.00	06900 ELECTROCARDIOLOGY	688,859	0	688,859	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	21,863	0	21,863	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,433,835	0	3,433,835	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,587,479	0	1,587,479	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,113,126	0	5,113,126	73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,891,969	0	3,891,969	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	49,037,601	-135	49,037,466	90.00
91.00	09100 EMERGENCY	6,359,934	-1,750	6,358,184	91.00
91.01	09101 CARDIAC REHAB	669,206	0	669,206	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	1,532,811	0	1,532,811	100.00
101.00	10100 HOME HEALTH AGENCY	3,356,041	0	3,356,041	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
116.00	11600 HOSPICE	4,058,050	0	4,058,050	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	128,729,611	-13,462	128,716,149	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	766,179	0	766,179	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	162,281	0	162,281	192.00
194.00	07950 MONROE CLINIC INN	196,203	0	196,203	194.00

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	
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LI FELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	9,407,621	0	9,407,621	194.04
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)	139,261,895	-13,462	139,248,433	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:  
From 01/01/2018  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	41,973	0	41,973	4.00
5.01 00550	DATA PROCESSING	0	21,715	0	21,715	5.01
5.02 00540	NONPATIENT TELEPHONES	0	2,166	0	2,166	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	2,888	0	2,888	5.03
5.04 00570	ADMITTING	0	13,009	0	13,009	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	36,096	0	36,096	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	92,161	0	92,161	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	44,146	0	44,146	6.00
7.00 00700	OPERATION OF PLANT	0	1,111,190	0	1,111,190	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	38,861	0	38,861	8.00
9.00 00900	HOUSEKEEPING	0	22,668	0	22,668	9.00
10.00 01000	DIETARY	0	61,522	0	61,522	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	10,150	0	10,150	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	34,797	0	34,797	14.00
15.00 01500	PHARMACY	0	14,157	0	14,157	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	88,566	0	88,566	16.00
17.00 01700	SOCIAL SERVICE	0	5,357	0	5,357	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02301	PARAMED PRGM- PHARMACY	0	780	0	780	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	284,799	15,919	300,718	30.00
31.00 03100	INTENSIVE CARE UNIT	0	39,691	0	39,691	31.00
43.00 04300	NURSERY	0	5,674	0	5,674	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	106,130	0	106,130	50.00
51.00 05100	RECOVERY ROOM	0	14,922	0	14,922	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	12,128	0	12,128	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	69,998	0	69,998	54.00
57.00 05700	CT SCAN	0	11,666	0	11,666	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34,999	0	34,999	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	27,022	0	27,022	59.00
60.00 06000	LABORATORY	0	59,169	0	59,169	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	6,382	0	6,382	65.00
66.00 06600	PHYSICAL THERAPY	0	78,697	0	78,697	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,696	0	3,696	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,949	0	1,949	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	64,554	0	64,554	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	97,806	0	97,806	91.00
91.01 09101	CARDIAC REHAB	0	30,443	0	30,443	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	1,155	0	1,155	100.00
101.00 10100	HOME HEALTH AGENCY	0	66,078	0	66,078	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	60,793	0	60,793	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,719,953	15,919	2,735,872	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,922	0	14,922	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	40,428	0	40,428	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
194.00 07950 MONROE CLINIC INN	0	48,333	0	48,333	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LI FELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	31,750	0	31,750	763	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	2,855,386	15,919	2,871,305	41,973	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	23,842					5.01
5.02	00540	NONPATIENT TELEPHONES	38	2,286				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	115	24	3,104			5.03
5.04	00570	ADMINISTRATIVE	231	24	0	13,264		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	692	142	1	0	37,201	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,077	378	14	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	846	39	18	0	0	6.00
7.00	00700	OPERATION OF PLANT	115	24	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	77	16	9	0	0	8.00
9.00	00900	HOUSEKEEPING	77	16	19	0	0	9.00
10.00	01000	DIETARY	115	24	6	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	38	8	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	192	32	58	0	0	14.00
15.00	01500	PHARMACY	538	32	5	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	461	39	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	77	16	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	77	8	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,653	95	15	697	1,686	30.00
31.00	03100	INTENSIVE CARE UNIT	500	32	5	161	389	31.00
43.00	04300	NURSERY	38	8	0	57	137	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	884	47	478	2,719	6,597	50.00
51.00	05100	RECOVERY ROOM	115	16	2	174	421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38	8	0	200	484	52.00
53.00	05300	ANESTHESIOLOGY	192	16	13	959	2,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	423	71	72	1,018	2,463	54.00
57.00	05700	CT SCAN	38	8	19	1,430	3,459	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38	8	10	911	2,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	231	32	89	150	362	59.00
60.00	06000	LABORATORY	1,077	126	16	1,048	7,194	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	115	24	10	445	1,077	65.00
66.00	06600	PHYSICAL THERAPY	308	47	4	493	1,605	66.00
67.00	06700	OCCUPATIONAL THERAPY	154	16	1	152	388	67.00
68.00	06800	SPEECH PATHOLOGY	38	8	0	79	191	68.00
69.00	06900	ELECTROCARDIOLOGY	77	8	9	502	1,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	500	24	34	252	610	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,541	671	1,405	0	0	90.00
91.00	09100	EMERGENCY	1,231	55	18	1,775	4,295	91.00
91.01	09101	CARDIAC REHAB	0	0	0	42	103	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	77	16	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	808	32	8	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	423	17	24	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,265	2,207	2,363	13,264	37,201	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	77	16	37	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	500	63	704	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	23,842	2,286	3,104	13,264	37,201	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						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	97,985					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,428	49,092				6.00
7.00	00700	OPERATION OF PLANT	2,375	8,299	1,122,135			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	315	6,788	29,266	75,405		8.00
9.00	00900	HOUSEKEEPING	1,143	2,550	17,071	8,028	51,931	9.00
10.00	01000	DIETARY	1,133	2,605	46,332	2,193	782	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	257	11	7,644	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	996	2,185	26,205	946	223	14.00
15.00	01500	PHARMACY	3,705	596	10,661	0	86	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	818	121	66,698	0	86	16.00
17.00	01700	SOCIAL SERVICE	192	0	4,034	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	391	0	587	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,222	6,677	214,477	34,328	22,690	30.00
31.00	03100	INTENSIVE CARE UNIT	1,523	894	29,891	4,481	6,103	31.00
43.00	04300	NURSERY	476	0	4,273	0	309	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,429	3,620	79,925	2,010	4,298	50.00
51.00	05100	RECOVERY ROOM	409	364	11,238	6,312	86	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	563	0	9,134	0	0	52.00
53.00	05300	ANESTHESIOLOGY	505	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,586	1,435	52,715	1,622	602	54.00
57.00	05700	CT SCAN	767	0	8,786	0	516	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	527	66	26,357	0	516	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,032	155	20,350	0	2,436	59.00
60.00	06000	LABORATORY	6,105	2,649	44,559	485	1,072	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	869	188	4,806	673	430	65.00
66.00	06600	PHYSICAL THERAPY	1,600	585	59,266	2,251	430	66.00
67.00	06700	OCCUPATIONAL THERAPY	428	22	2,784	0	430	67.00
68.00	06800	SPEECH PATHOLOGY	173	0	1,468	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	460	0	0	0	430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,077	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,117	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,051	1,865	48,615	0	2,149	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,863	0	0	8,779	5,364	90.00
91.00	09100	EMERGENCY	3,709	1,954	73,657	3,297	2,579	91.00
91.01	09101	CARDIAC REHAB	362	364	22,927	0	314	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	1,050	0	870	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,107	155	49,762	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,204	2,958	45,783	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,991	47,106	1,020,141	75,405	51,931	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	454	662	11,238	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34	0	30,446	0	0	192.00
194.00	07950	MONROE CLINIC INN	41	22	36,399	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	6,465	1,302	23,911	0	0	0	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	97,985	49,092	1,122,135	75,405	51,931	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						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	115,152					10.00
11.00	01100	96,713					11.00
13.00	01300	0	96,713	18,446			13.00
14.00	01400	0	2,153	0	67,987		14.00
15.00	01500	0	3,769	1,226	0	35,597	15.00
16.00	01600	0	2,117	0	0	0	16.00
17.00	01700	0	408	133	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	711	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	15,252	13,443	4,369	3,258	0	30.00
31.00	03100	2,255	2,278	741	1,595	0	31.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	3,972	1,292	7,516	0	50.00
51.00	05100	0	562	183	594	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	729	237	4,615	0	53.00
54.00	05400	0	3,854	1,253	300	1	54.00
57.00	05700	0	758	246	0	8	57.00
58.00	05800	0	741	241	0	0	58.00
59.00	05900	0	897	292	12,375	0	59.00
60.00	06000	0	8,003	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	1,750	569	922	0	65.00
66.00	06600	0	2,967	965	1,131	0	66.00
67.00	06700	0	914	297	0	0	67.00
68.00	06800	0	2	1	0	0	68.00
69.00	06900	0	718	234	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	18,261	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	765	3,726	1,212	10,667	32,964	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	26,032	0	0	0	90.00
91.00	09100	167	7,540	2,452	3,925	49	91.00
91.01	09101	0	697	227	68	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	1,463	476	0	0	100.00
101.00	10100	0	3,532	1,149	2,353	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	2,002	651	407	2,575	116.00
118.00		115,152	96,001	18,446	67,987	35,597	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	712	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	115,152	96,713	18,446	67,987	35,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00550	DATA PROCESSING					5.01
5.02 00540	NONPATIENT TELEPHONES					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
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	159,103				16.00
17.00 01700	SOCIAL SERVICE	1,742	12,029			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	9		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02301	PARAMED PRGM- PHARMACY	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	44,711	10,203			30.00
31.00 03100	INTENSIVE CARE UNIT	4,645	806			31.00
43.00 04300	NURSERY	1,161	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	48,777	0			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,161	0			52.00
53.00 05300	ANESTHESIOLOGY	2,903	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,484	0			54.00
57.00 05700	CT SCAN	0	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000	LABORATORY	0	0			60.00
60.01 06001	BLOOD LABORATORY	0	0			60.01
65.00 06500	RESPIRATORY THERAPY	581	0			65.00
66.00 06600	PHYSICAL THERAPY	5,226	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	0	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,807	0			73.00
75.00 07500	ASC (NON-DISTINCT PART)	14,517	0			75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0			88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00 09000	CLINIC	9,291	0			90.00
91.00 09100	EMERGENCY	15,097	591			91.00
91.01 09101	CARDIAC REHAB	0	0			91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0			99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0			100.00
101.00 10100	HOME HEALTH AGENCY	0	322			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0			109.00
110.00 11000	INTESTINAL ACQUISITION	0	0			110.00
111.00 11100	ISLET ACQUISITION	0	0			111.00
113.00 11300	INTEREST EXPENSE	0	0			113.00
116.00 11600	HOSPICE	0	107			116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	159,103	12,029	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	MONROE CLINIC INN	0	0			194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.01 07951 5 WEST	0	0				194.01
194.02 07952 LI FELINE	0	0				194.02
194.03 07953 PHARMACY NURSING HOME	0	0				194.03
194.04 07954 FREESTANDING CLINIC	0	0				194.04
200.00 Cross Foot Adjustments				9	0	2,719 200.00
201.00 Negative Cost Centers	0	0		0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	159,103	12,029		9	0	2,719 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00550	DATA PROCESSING			5.01
5.02	00540	NONPATIENT TELEPHONES			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
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02301	PARAMED ED PRGM- PHARMACY			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	683,147	0	683,147
31.00	03100	INTENSIVE CARE UNIT	96,468	0	96,468
43.00	04300	NURSERY	12,325	0	12,325
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	273,482	0	273,482
51.00	05100	RECOVERY ROOM	35,533	0	35,533
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,947	0	23,947
53.00	05300	ANESTHESIOLOGY	13,557	0	13,557
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,606	0	142,606
57.00	05700	CT SCAN	27,874	0	27,874
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	66,738	0	66,738
59.00	05900	CARDIAC CATHETERIZATION	65,689	0	65,689
60.00	06000	LABORATORY	132,842	0	132,842
60.01	06001	BLOOD LABORATORY	0	0	0
65.00	06500	RESPIRATORY THERAPY	19,134	0	19,134
66.00	06600	PHYSICAL THERAPY	156,151	0	156,151
67.00	06700	OCCUPATIONAL THERAPY	9,440	0	9,440
68.00	06800	SPEECH PATHOLOGY	3,909	0	3,909
69.00	06900	ELECTROCARDIOLOGY	3,792	0	3,792
70.00	07000	ELECTROENCEPHALOGRAPHY	20	0	20
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,338	0	20,338
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,117	0	1,117
73.00	07300	DRUGS CHARGED TO PATIENTS	38,771	0	38,771
75.00	07500	ASC (NON-DISTINCT PART)	152,252	0	152,252
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000	CLINIC	111,440	0	111,440
91.00	09100	EMERGENCY	221,978	0	221,978
91.01	09101	CARDIAC REHAB	55,688	0	55,688
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	0
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	5,488	0	5,488
101.00	10100	HOME HEALTH AGENCY	127,000	0	127,000
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0
116.00	11600	HOSPICE	118,507	0	118,507
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,619,233	0	2,619,233
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,183	0	28,183
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,908	0	70,908
194.00	07950	MONROE CLINIC INN	84,795	0	84,795

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LI FELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	65,458	0	65,458	194.04
200.00		Cross Foot Adjustments	2,728	0	2,728	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,871,305	0	2,871,305	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	395,525				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,814	0	83,618,986		4.00
5.01	00550	DATA PROCESSING	3,008	0	4,236,666	620	5.01
5.02	00540	NONPATIENT TELEPHONES	300	0	163,507	1	2,902
5.03	00560	PURCHASING RECEIVING AND STORES	400	0	153,032	3	30
5.04	00570	ADMINISTRATIVE	1,802	0	0	6	30
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,000	0	538,315	18	180
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,766	0	6,683,894	54	480
6.00	00600	MAINTENANCE & REPAIRS	6,115	0	1,224,640	22	50
7.00	00700	OPERATION OF PLANT	153,921	0	263,521	3	30
8.00	00800	LAUNDRY & LINEN SERVICE	5,383	0	145,196	2	20
9.00	00900	HOUSEKEEPING	3,140	0	715,274	2	20
10.00	01000	DIETARY	8,522	0	875,628	3	30
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,406	0	146,737	1	10
14.00	01400	CENTRAL SERVICES & SUPPLY	4,820	0	398,055	5	40
15.00	01500	PHARMACY	1,961	0	1,636,868	14	40
16.00	01600	MEDICAL RECORDS & LIBRARY	12,268	0	391,570	12	50
17.00	01700	SOCIAL SERVICE	742	0	139,415	2	20
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02301	PARAMED ED PRGM- PHARMACY	108	0	328,093	2	10
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	39,450	1	5,285,344	69	120
31.00	03100	INTENSIVE CARE UNIT	5,498	0	951,709	13	40
43.00	04300	NURSERY	786	0	381,873	1	10
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	14,701	0	1,569,128	23	60
51.00	05100	RECOVERY ROOM	2,067	0	268,687	3	20
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,680	0	460,881	1	10
53.00	05300	ANESTHESIOLOGY	0	0	2,125,896	5	20
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,696	0	1,413,144	11	90
57.00	05700	CT SCAN	1,616	0	343,812	1	10
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,848	0	238,090	1	10
59.00	05900	CARDIAC CATHETERIZATION	3,743	0	529,724	6	40
60.00	06000	LABORATORY	8,196	0	2,667,850	28	160
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	884	0	584,348	3	30
66.00	06600	PHYSICAL THERAPY	10,901	0	1,147,945	8	60
67.00	06700	OCCUPATIONAL THERAPY	512	0	315,235	4	20
68.00	06800	SPEECH PATHOLOGY	270	0	0	1	10
69.00	06900	ELECTROCARDIOLOGY	0	0	277,568	2	10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,908	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	8,942	0	1,415,722	13	30
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	36,849,486	196	860
91.00	09100	EMERGENCY	13,548	0	3,547,995	32	70
91.01	09101	CARDIAC REHAB	4,217	0	280,740	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	160	0	759,464	2	20
101.00	10100	HOME HEALTH AGENCY	9,153	0	1,382,131	21	40
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	8,421	0	1,121,815	11	22
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	376,765	1	81,968,906	605	2,802
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	0	130,185	2	20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	0	192.00
194.00 07950 MONROE CLINIC INN	6,695	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	4,398	0	1,519,895	13	80	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,855,386	15,919	4,247,287	12,301,150	549,210	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.219230	15,919.000000	0.050793	19,840.564516	189.252240	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			41,973	23,842	2,286	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000502	38.454839	0.787733	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	21,955,849					5.03
5.04	00570	ADMINITTING	0	214,061,272				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,910	0	248,550,691			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	97,676	0	0	-22,765,480	116,496,415	5.06
6.00	00600	MAINTENANCE & REPAIRS	127,614	0	0	0	4,076,233	6.00
7.00	00700	OPERATION OF PLANT	2,590	0	0	0	2,824,223	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,341	0	0	0	374,969	8.00
9.00	00900	HOUSEKEEPING	137,362	0	0	0	1,359,541	9.00
10.00	01000	DIETARY	43,321	0	0	0	1,347,683	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,422	0	0	0	305,937	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	410,360	0	0	0	1,184,421	14.00
15.00	01500	PHARMACY	37,373	0	0	0	4,404,926	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	730	0	0	0	972,858	16.00
17.00	01700	SOCIAL SERVICE	71	0	0	0	228,494	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	11,261	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	167	0	0	0	465,251	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	106,308	11,240,053	11,240,053	0	6,209,284	30.00
31.00	03100	INTENSIVE CARE UNIT	38,673	2,590,598	2,590,598	0	1,810,447	31.00
43.00	04300	NURSERY	0	914,836	914,836	0	566,059	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,387,238	43,982,144	43,982,144	0	5,266,862	50.00
51.00	05100	RECOVERY ROOM	11,355	2,806,593	2,806,593	0	485,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,224,306	3,224,306	0	669,741	52.00
53.00	05300	ANESTHESIOLOGY	91,859	15,472,152	15,472,152	0	600,732	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	509,633	16,418,634	16,418,634	0	3,074,691	54.00
57.00	05700	CT SCAN	132,401	23,058,393	23,058,393	0	911,567	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	67,876	14,695,493	14,695,493	0	626,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	629,173	2,413,888	2,413,888	0	1,227,674	59.00
60.00	06000	LABORATORY	115,736	16,901,317	48,503,266	0	7,258,718	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	72,473	7,181,912	7,181,912	0	1,033,508	65.00
66.00	06600	PHYSICAL THERAPY	28,988	7,944,428	10,701,477	0	1,902,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,616	2,455,862	2,586,283	0	508,359	67.00
68.00	06800	SPEECH PATHOLOGY	574	1,276,422	1,276,422	0	205,706	68.00
69.00	06900	ELECTROCARDIOLOGY	62,775	8,101,494	8,101,494	0	546,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	18,289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,469,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,327,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	243,584	4,064,562	4,064,562	0	2,438,540	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,908,125	0	0	0	40,251,459	90.00
91.00	09100	EMERGENCY	128,430	28,633,629	28,633,629	0	4,409,849	91.00
91.01	09101	CARDIAC REHAB	0	684,556	684,556	0	431,000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	448	0	0	0	1,248,463	100.00
101.00	10100	HOME HEALTH AGENCY	55,994	0	0	0	2,504,786	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	167,781	0	0	0	2,621,186	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,698,977	214,061,272	248,550,691	-22,765,480	108,181,083	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	264,699	0	0	0	539,838	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	40,428	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	48,333	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,992,173	0	0	0	7,686,733	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	266,595	137,730	1,324,325		22,765,480	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.012142	0.000643	0.005328		0.195418	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,104	13,264	37,201		97,985	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000141	0.000062	0.000150		0.000841	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						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	4,448					6.00
7.00	00700		206,399				7.00
8.00	00800	615	5,383	532,109			8.00
9.00	00900	231	3,140	56,653	60,416		9.00
10.00	01000	236	8,522	15,478	910	156,899	10.00
11.00	01100	0	0	0	0	131,775	11.00
13.00	01300	1	1,406	0	0	0	13.00
14.00	01400	198	4,820	6,673	260	0	14.00
15.00	01500	54	1,961	0	100	0	15.00
16.00	01600	11	12,268	0	100	0	16.00
17.00	01700	0	742	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	108	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	605	39,450	242,247	26,400	20,781	30.00
31.00	03100	81	5,498	31,618	7,100	3,072	31.00
43.00	04300	0	786	0	360	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	328	14,701	14,184	5,000	0	50.00
51.00	05100	33	2,067	44,543	100	0	51.00
52.00	05200	0	1,680	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	130	9,696	11,449	700	0	54.00
57.00	05700	0	1,616	0	600	0	57.00
58.00	05800	6	4,848	0	600	0	58.00
59.00	05900	14	3,743	0	2,834	0	59.00
60.00	06000	240	8,196	3,420	1,247	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	17	884	4,750	500	0	65.00
66.00	06600	53	10,901	15,883	500	0	66.00
67.00	06700	2	512	0	500	0	67.00
68.00	06800	0	270	0	0	0	68.00
69.00	06900	0	0	0	500	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	169	8,942	0	2,500	1,043	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	61,947	6,240	0	90.00
91.00	09100	177	13,548	23,264	3,000	228	91.00
91.01	09101	33	4,217	0	365	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	160	0	0	0	100.00
101.00	10100	14	9,153	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	268	8,421	0	0	0	116.00
118.00		4,268	187,639	532,109	60,416	156,899	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	60	2,067	0	0	0	190.00
192.00	19200	0	5,600	0	0	0	192.00
194.00	07950	2	6,695	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	118	4,398	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,872,802	4,199,945	1,231,517	2,073,294	2,110,045	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,095.504047	20.348669	2.314407	34.316969	13.448429	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	49,092	1,122,135	75,405	51,931	115,152	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.036871	5.436727	0.141710	0.859557	0.733924	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						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	51,445					11.00
13.00	01300	140	30,173				13.00
14.00	01400	1,145	0	1,202,100			14.00
15.00	01500	2,005	2,005	0	1,760,100		15.00
16.00	01600	1,126	0	0	0	1,370	16.00
17.00	01700	217	217	0	0	15	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	378	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	7,151	7,151	57,600	8	385	30.00
31.00	03100	1,212	1,212	28,200	7	40	31.00
43.00	04300	0	0	0	0	10	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,113	2,113	132,900	0	420	50.00
51.00	05100	299	299	10,500	0	0	51.00
52.00	05200	0	0	0	0	10	52.00
53.00	05300	388	388	81,600	0	25	53.00
54.00	05400	2,050	2,050	5,300	45	30	54.00
57.00	05700	403	403	0	420	0	57.00
58.00	05800	394	394	0	0	0	58.00
59.00	05900	477	477	218,800	0	0	59.00
60.00	06000	4,257	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	931	931	16,300	0	5	65.00
66.00	06600	1,578	1,578	20,000	0	45	66.00
67.00	06700	486	486	0	0	0	67.00
68.00	06800	1	1	0	0	0	68.00
69.00	06900	382	382	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	322,900	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,629,863	50	73.00
75.00	07500	1,982	1,982	188,600	0	125	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	13,847	0	0	0	80	90.00
91.00	09100	4,011	4,011	69,400	2,413	130	91.00
91.01	09101	371	371	1,200	0	0	91.01
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	778	778	0	0	0	100.00
101.00	10100	1,879	1,879	41,600	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	1,065	1,065	7,200	127,344	0	116.00
118.00		51,066	30,173	1,202,100	1,760,100	1,370	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	379	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,772,166	400,252	1,794,678	5,463,886	1,466,880	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.447779	13.265237	1.492952	3.104304	1,070.715328	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	96,713	18,446	67,987	35,597	159,103	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.879930	0.611341	0.056557	0.020224	116.133577	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: 52-0028

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00550 DATA PROCESSING					5.01
5.02 00540 NONPATIENT TELEPHONES					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
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	1,120				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0			1,000	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	950	0	1,000	1,000	30.00
31.00 03100 INTENSIVE CARE UNIT	75	0	0	0	31.00
43.00 04300 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	860	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	10	0	0	90.00
91.00 09100 EMERGENCY	55	130	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	30	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPICE	10			0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,120	1,000	1,000	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)			
		17.00	21.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00 07950 MONROE CLINIC INN	0	0	0	0		194.00
194.01 07951 5 WEST	0	0	0	0		194.01
194.02 07952 LIFELINE	0	0	0	0		194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0		194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0		194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	314,660	13,462	0	571,388		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	280.946429	13.462000	0.000000	571.388000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	12,029	9	0	2,719		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	10.740179	0.009000	0.000000	2.719000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII Hospital PPS			
				Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	12,312,053		12,312,053	0	12,312,053	30.00
31.00	03100 INTENSIVE CARE UNIT	2,886,846		2,886,846	0	2,886,846	31.00
43.00	04300 NURSERY	715,732		715,732	0	715,732	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,907,917		7,907,917	0	7,907,917	50.00
51.00	05100 RECOVERY ROOM	795,582		795,582	0	795,582	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	845,513		845,513	0	845,513	52.00
53.00	05300 ANESTHESIOLOGY	885,232		885,232	0	885,232	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,203,764		4,203,764	0	4,203,764	54.00
57.00	05700 CT SCAN	1,163,709		1,163,709	0	1,163,709	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	893,246		893,246	0	893,246	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,005,758		2,005,758	0	2,005,758	59.00
60.00	06000 LABORATORY	9,304,253		9,304,253	0	9,304,253	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,374,347	0	1,374,347	0	1,374,347	65.00
66.00	06600 PHYSICAL THERAPY	2,761,204	0	2,761,204	0	2,761,204	66.00
67.00	06700 OCCUPATIONAL THERAPY	660,658	0	660,658	0	660,658	67.00
68.00	06800 SPEECH PATHOLOGY	251,446	0	251,446	0	251,446	68.00
69.00	06900 ELECTROCARDIOLOGY	688,859		688,859	0	688,859	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	21,863		21,863	0	21,863	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,433,835		3,433,835	0	3,433,835	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,587,479		1,587,479	0	1,587,479	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,113,126		5,113,126	0	5,113,126	73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,891,969		3,891,969	0	3,891,969	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	49,037,466		49,037,466	0	49,037,466	90.00
91.00	09100 EMERGENCY	6,358,184		6,358,184	0	6,358,184	91.00
91.01	09101 CARDIAC REHAB	669,206		669,206	0	669,206	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	898,789		898,789	0	898,789	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	1,532,811		1,532,811	0	1,532,811	100.00
101.00	10100 HOME HEALTH AGENCY	3,356,041		3,356,041	0	3,356,041	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	4,058,050		4,058,050	0	4,058,050	116.00
200.00	Subtotal (see instructions)	129,614,938	0	129,614,938	0	129,614,938	200.00
201.00	Less Observation Beds	898,789		898,789	0	898,789	201.00
202.00	Total (see instructions)	128,716,149	0	128,716,149	0	128,716,149	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	10,828,444		10,828,444		30.00
31.00	03100	INTENSIVE CARE UNIT	2,836,418		2,836,418		31.00
43.00	04300	NURSERY	1,260,328		1,260,328		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,018,271	23,471,594	30,489,865	0.259362	50.00
51.00	05100	RECOVERY ROOM	797,542	1,974,814	2,772,356	0.286970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,306,983	102,080	3,409,063	0.248019	52.00
53.00	05300	ANESTHESIOLOGY	3,418,791	8,255,560	11,674,351	0.075827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,132,588	15,431,662	17,564,250	0.239336	54.00
57.00	05700	CT SCAN	4,242,502	22,268,931	26,511,433	0.043895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,166,670	11,122,167	14,288,837	0.062514	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,361,663	4,113,189	6,474,852	0.309777	59.00
60.00	06000	LABORATORY	7,315,584	43,578,654	50,894,238	0.182815	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,880,161	3,008,690	5,888,851	0.233381	65.00
66.00	06600	PHYSICAL THERAPY	1,414,582	9,259,018	10,673,600	0.258695	66.00
67.00	06700	OCCUPATIONAL THERAPY	855,704	1,942,400	2,798,104	0.236109	67.00
68.00	06800	SPEECH PATHOLOGY	149,921	1,052,920	1,202,841	0.209043	68.00
69.00	06900	ELECTROCARDIOLOGY	2,111,765	7,117,183	9,228,948	0.074641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,257,167	12,385,317	19,642,484	0.174817	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,531,673	2,469,173	4,000,846	0.396786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,116,833	17,963,581	36,080,414	0.141715	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,890,945	3,890,945	1.000263	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	514,357	169,281,276	169,795,633	0.288803	90.00
91.00	09100	EMERGENCY	4,947,492	25,134,205	30,081,697	0.211364	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,913,862	9,913,862	0.090660	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	1,861,211	1,861,211		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,904,039	2,904,039		116.00
200.00		Subtotal (see instructions)	88,465,439	398,502,471	486,967,910		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	88,465,439	398,502,471	486,967,910		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/31/2019 2:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.259362		50.00
51.00	05100 RECOVERY ROOM	0.286970		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.248019		52.00
53.00	05300 ANESTHESIOLOGY	0.075827		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239336		54.00
57.00	05700 CT SCAN	0.043895		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062514		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.309777		59.00
60.00	06000 LABORATORY	0.182815		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.233381		65.00
66.00	06600 PHYSICAL THERAPY	0.258695		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.236109		67.00
68.00	06800 SPEECH PATHOLOGY	0.209043		68.00
69.00	06900 ELECTROCARDIOLOGY	0.074641		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174817		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.396786		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141715		73.00
75.00	07500 ASC (NON-DISTINCT PART)	1.000263		75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.288803		90.00
91.00	09100 EMERGENCY	0.211364		91.00
91.01	09101 CARDIAC REHAB	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.090660		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	12,312,053		12,312,053	0	12,312,053	30.00
31.00	03100 INTENSIVE CARE UNIT	2,886,846		2,886,846	0	2,886,846	31.00
43.00	04300 NURSERY	715,732		715,732	0	715,732	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,907,917		7,907,917	0	7,907,917	50.00
51.00	05100 RECOVERY ROOM	795,582		795,582	0	795,582	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	845,513		845,513	0	845,513	52.00
53.00	05300 ANESTHESIOLOGY	885,232		885,232	0	885,232	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,203,764		4,203,764	0	4,203,764	54.00
57.00	05700 CT SCAN	1,163,709		1,163,709	0	1,163,709	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	893,246		893,246	0	893,246	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,005,758		2,005,758	0	2,005,758	59.00
60.00	06000 LABORATORY	9,304,253		9,304,253	0	9,304,253	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,374,347	0	1,374,347	0	1,374,347	65.00
66.00	06600 PHYSICAL THERAPY	2,761,204	0	2,761,204	0	2,761,204	66.00
67.00	06700 OCCUPATIONAL THERAPY	660,658	0	660,658	0	660,658	67.00
68.00	06800 SPEECH PATHOLOGY	251,446	0	251,446	0	251,446	68.00
69.00	06900 ELECTROCARDIOLOGY	688,859		688,859	0	688,859	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	21,863		21,863	0	21,863	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,433,835		3,433,835	0	3,433,835	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,587,479		1,587,479	0	1,587,479	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,113,126		5,113,126	0	5,113,126	73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,891,969		3,891,969	0	3,891,969	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	49,037,466		49,037,466	0	49,037,466	90.00
91.00	09100 EMERGENCY	6,358,184		6,358,184	0	6,358,184	91.00
91.01	09101 CARDIAC REHAB	669,206		669,206	0	669,206	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	898,789		898,789		898,789	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0		0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	1,532,811		1,532,811		1,532,811	100.00
101.00	10100 HOME HEALTH AGENCY	3,356,041		3,356,041		3,356,041	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	4,058,050		4,058,050		4,058,050	116.00
200.00	Subtotal (see instructions)	129,614,938	0	129,614,938	0	129,614,938	200.00
201.00	Less Observation Beds	898,789		898,789		898,789	201.00
202.00	Total (see instructions)	128,716,149	0	128,716,149	0	128,716,149	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	10,828,444		10,828,444		30.00
31.00	03100	INTENSIVE CARE UNIT	2,836,418		2,836,418		31.00
43.00	04300	NURSERY	1,260,328		1,260,328		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,018,271	23,471,594	30,489,865	0.259362	50.00
51.00	05100	RECOVERY ROOM	797,542	1,974,814	2,772,356	0.286970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,306,983	102,080	3,409,063	0.248019	52.00
53.00	05300	ANESTHESIOLOGY	3,418,791	8,255,560	11,674,351	0.075827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,132,588	15,431,662	17,564,250	0.239336	54.00
57.00	05700	CT SCAN	4,242,502	22,268,931	26,511,433	0.043895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,166,670	11,122,167	14,288,837	0.062514	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,361,663	4,113,189	6,474,852	0.309777	59.00
60.00	06000	LABORATORY	7,315,584	43,578,654	50,894,238	0.182815	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,880,161	3,008,690	5,888,851	0.233381	65.00
66.00	06600	PHYSICAL THERAPY	1,414,582	9,259,018	10,673,600	0.258695	66.00
67.00	06700	OCCUPATIONAL THERAPY	855,704	1,942,400	2,798,104	0.236109	67.00
68.00	06800	SPEECH PATHOLOGY	149,921	1,052,920	1,202,841	0.209043	68.00
69.00	06900	ELECTROCARDIOLOGY	2,111,765	7,117,183	9,228,948	0.074641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,257,167	12,385,317	19,642,484	0.174817	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,531,673	2,469,173	4,000,846	0.396786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,116,833	17,963,581	36,080,414	0.141715	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,890,945	3,890,945	1.000263	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	514,357	169,281,276	169,795,633	0.288803	90.00
91.00	09100	EMERGENCY	4,947,492	25,134,205	30,081,697	0.211364	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,913,862	9,913,862	0.090660	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	1,861,211	1,861,211		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,904,039	2,904,039		116.00
200.00		Subtotal (see instructions)	88,465,439	398,502,471	486,967,910		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	88,465,439	398,502,471	486,967,910		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/31/2019 2:27 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 CARDIAC REHAB	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	683,147	0	683,147	8,178	83.53	30.00
31.00	INTENSIVE CARE UNIT	96,468		96,468	1,069	90.24	31.00
43.00	NURSERY	12,325		12,325	959	12.85	43.00
200.00	Total (lines 30 through 199)	791,940		791,940	10,206		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,624	302,713				
31.00	INTENSIVE CARE UNIT	561	50,625				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,185	353,338				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	273,482	30,489,865	0.008970	3,631,413	32,574	50.00
51.00	05100	RECOVERY ROOM	35,533	2,772,356	0.012817	286,876	3,677	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,947	3,409,063	0.007025	2,060	14	52.00
53.00	05300	ANESTHESIOLOGY	13,557	11,674,351	0.001161	795,355	923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,606	17,564,250	0.008119	866,330	7,034	54.00
57.00	05700	CT SCAN	27,874	26,511,433	0.001051	2,211,682	2,324	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	66,738	14,288,837	0.004671	591,203	2,762	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,689	6,474,852	0.010145	0	0	59.00
60.00	06000	LABORATORY	132,842	50,894,238	0.002610	3,715,427	9,697	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	19,134	5,888,851	0.003249	1,414,269	4,595	65.00
66.00	06600	PHYSICAL THERAPY	156,151	10,673,600	0.014630	858,104	12,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,440	2,798,104	0.003374	526,937	1,778	67.00
68.00	06800	SPEECH PATHOLOGY	3,909	1,202,841	0.003250	102,902	334	68.00
69.00	06900	ELECTROCARDIOLOGY	3,792	9,228,948	0.000411	776,799	319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,338	19,642,484	0.001035	2,681,104	2,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,117	4,000,846	0.000279	1,451,504	405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,771	36,080,414	0.001075	8,438,654	9,072	73.00
75.00	07500	ASC (NON-DISTINCT PART)	152,252	3,890,945	0.039130	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	111,440	169,795,633	0.000656	440,691	289	90.00
91.00	09100	EMERGENCY	221,978	30,081,697	0.007379	1,775,714	13,103	91.00
91.01	09101	CARDIAC REHAB	55,688	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	49,870	9,913,862	0.005030	0	0	92.00
200.00		Total (lines 50 through 199)	1,626,168	467,277,470		30,567,024	104,229	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/31/2019 2:27 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	571,388	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	571,388	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	571,388	8,178	69.87	3,624	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,069	0.00	561	31.00	
43.00	04300	NURSERY		0	959	0.00	0	43.00	
200.00		Total (lines 30 through 199)		571,388	10,206		4,185	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	253,209						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	253,209						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	41,712	92.00
200.00		Total (lines 50 through 199)	0	0	0	41,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	30,489,865	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,772,356	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,409,063	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,674,351	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,564,250	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	26,511,433	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,288,837	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,474,852	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	50,894,238	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,888,851	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,673,600	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,798,104	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,202,841	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,228,948	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,642,484	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,000,846	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	36,080,414	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	3,890,945	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	169,795,633	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	30,081,697	0.000000	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	41,712	41,712	9,913,862	0.004207	92.00
200.00		Total (lines 50 through 199)	0	41,712	41,712	467,277,470		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0.000000	3,631,413	0	10,223,269	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	286,876	0	381,445	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	2,060	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	795,355	0	2,664,807	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	866,330	0	5,396,129	0	54.00	
57.00	05700 CT SCAN	0.000000	2,211,682	0	7,985,976	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	591,203	0	3,677,469	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	4,093,237	0	59.00	
60.00	06000 LABORATORY	0.000000	3,715,427	0	12,737,303	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,414,269	0	119,451	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	858,104	0	96,718	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	526,937	0	51,982	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	102,902	0	10,909	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	776,799	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,681,104	0	2,296,517	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	1,451,504	0	1,743,840	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,438,654	0	17,532,065	0	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	3,864,044	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	440,691	0	10,903,449	0	90.00	
91.00	09100 EMERGENCY	0.000000	1,775,714	0	5,037,382	0	91.00	
91.01	09101 CARDIAC REHAB	0.000000	0	0	0	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004207	0	0	4,029,330	16,951	92.00	
200.00	Total (lines 50 through 199)		30,567,024	0	92,845,322	16,951	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.259362	10,223,269	0	0	2,651,527	50.00
51.00	05100	RECOVERY ROOM	0.286970	381,445	0	0	109,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.248019	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.075827	2,664,807	0	0	202,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239336	5,396,129	0	0	1,291,488	54.00
57.00	05700	CT SCAN	0.043895	7,985,976	0	0	350,544	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062514	3,677,469	0	0	229,893	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.309777	4,093,237	0	0	1,267,991	59.00
60.00	06000	LABORATORY	0.182815	12,737,303	2,657	0	2,328,570	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.233381	119,451	0	0	27,878	65.00
66.00	06600	PHYSICAL THERAPY	0.258695	96,718	0	0	25,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.236109	51,982	0	0	12,273	67.00
68.00	06800	SPEECH PATHOLOGY	0.209043	10,909	0	0	2,280	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074641	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174817	2,296,517	0	0	401,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.396786	1,743,840	0	0	691,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141715	17,532,065	0	383,177	2,484,557	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.000263	3,864,044	0	0	3,865,060	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.288803	10,903,449	6,963	391,025	3,148,949	90.00
91.00	09100	EMERGENCY	0.211364	5,037,382	0	0	1,064,721	91.00
91.01	09101	CARDIAC REHAB	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.090660	4,029,330	0	0	365,299	92.00
200.00		Subtotal (see instructions)		92,845,322	9,620	774,202	20,520,978	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		92,845,322	9,620	774,202	20,520,978	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:27 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	486	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	54,302	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	2,011	112,929	90.00
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 CARDIAC REHAB	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	2,497	167,231	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	2,497	167,231	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:27 pm
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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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.259362	0	0	0	0
51.00	05100 RECOVERY ROOM	0.286970	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.248019	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0.075827	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239336	0	0	0	0
57.00	05700 CT SCAN	0.043895	0	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062514	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.309777	0	0	0	0
60.00	06000 LABORATORY	0.182815	0	0	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.233381	0	0	0	0
66.00	06600 PHYSICAL THERAPY	0.258695	0	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.236109	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.209043	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.074641	0	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174817	0	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.396786	0	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141715	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	1.000263	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00	09000 CLINIC	0.288803	0	0	0	0
91.00	09100 EMERGENCY	0.211364	0	0	0	0
91.01	09101 CARDIAC REHAB	0.000000	0	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.090660	0	0	0	0
200.00	Subtotal (see instructions)		0	0	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00	Net Charges (line 200 - line 201)		0	0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:27 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 CARDIAC REHAB	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2019 2:27 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,178	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,178	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)		7,581	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,624	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
<b>SWING BED ADJUSTMENT</b>				
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)		12,312,053	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)		12,312,053	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		12,312,053	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,505.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,455,968	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,455,968	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 2:27 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,886,846	1,069	2,700.51	561	1,514,986	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,604,692	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,575,646	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)					606,547	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					104,229	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					710,776	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,864,870	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)					597	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,505.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					898,789	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	683,147	12,312,053	0.055486	898,789	49,870	90.00
91.00 Nursing School cost	0	12,312,053	0.000000	898,789	0	91.00
92.00 Allied health cost	571,388	12,312,053	0.046409	898,789	41,712	92.00
93.00 All other Medical Education	0	12,312,053	0.000000	898,789	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 2:27 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,178	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,178	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)		7,581	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)		129	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)		959	15.00
16.00	Nursery days (title V or XIX only)		488	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		12,312,053	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)		12,312,053	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		12,312,053	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,505.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		194,211	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)		194,211	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description			Title XIX		Hospital		Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
42.00	NURSERY (title V & XIX only)	715,732	959	746.33	488	364,209		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	2,886,846	1,069	2,700.51	18	48,609		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						607,029	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)						597	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,505.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						898,789	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	683,147	12,312,053	0.055486	898,789	49,870	90.00
91.00	Nursing School cost	0	12,312,053	0.000000	898,789	0	91.00
92.00	Allied health cost	0	12,312,053	0.000000	898,789	0	92.00
93.00	All other Medical Education	0	12,312,053	0.000000	898,789	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/31/2019 2:27 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		4,827,483		30.00
31.00	03100 INTENSIVE CARE UNIT		1,431,176		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.259362	3,631,413	941,851	50.00
51.00	05100 RECOVERY ROOM	0.286970	286,876	82,325	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.248019	2,060	511	52.00
53.00	05300 ANESTHESIOLOGY	0.075827	795,355	60,309	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239336	866,330	207,344	54.00
57.00	05700 CT SCAN	0.043895	2,211,682	97,082	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062514	591,203	36,958	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.309777	0	0	59.00
60.00	06000 LABORATORY	0.182815	3,715,427	679,236	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.233381	1,414,269	330,064	65.00
66.00	06600 PHYSICAL THERAPY	0.258695	858,104	221,987	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.236109	526,937	124,415	67.00
68.00	06800 SPEECH PATHOLOGY	0.209043	102,902	21,511	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074641	776,799	57,981	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174817	2,681,104	468,703	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.396786	1,451,504	575,936	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141715	8,438,654	1,195,884	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1.000263	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.288803	440,691	127,273	90.00
91.00	09100 EMERGENCY	0.211364	1,775,714	375,322	91.00
91.01	09101 CARDIAC REHAB	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.090660	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		30,567,024	5,604,692	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)		30,567,024		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/31/2019 2:27 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.259362	0	50.00
51.00	05100	RECOVERY ROOM	0.286970	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.248019	0	52.00
53.00	05300	ANESTHESIOLOGY	0.075827	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239336	0	54.00
57.00	05700	CT SCAN	0.043895	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062514	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.309777	0	59.00
60.00	06000	LABORATORY	0.182815	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.233381	0	65.00
66.00	06600	PHYSICAL THERAPY	0.258695	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.236109	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.209043	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074641	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.174817	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.396786	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141715	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.000263	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.288803	0	90.00
91.00	09100	EMERGENCY	0.211364	0	91.00
91.01	09101	CARDIAC REHAB	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.090660	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		7,655,759	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,419,806	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)		76,856	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		2,877,626	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		56.36	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		1.13	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)		1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		6.22	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		1.13	12.00
13.00	Total allowable FTE count for the prior year.		0.89	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.		0.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.96	15.00
16.00	Adjustment for residents in initial years of the program		3.52	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		4.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.079489	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.073265	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.073265	21.00
22.00	IME payment adjustment (see instructions)		395,144	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		112,855	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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)		5.09	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)		395,144	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		112,855	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.29	31.00
32.00	Sum of lines 30 and 31		20.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.31	33.00
34.00	Disproportionate share adjustment (see instructions)		158,943	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000028118	0.000069377	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	168,075	469,453	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	125,711	118,328	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	244,039		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	10,950,547		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		11,063,402	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		865,080	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).		57,556	52.00
53.00	Nursing and Allied Health Managed Care payment		10,495	53.00
54.00	Special add-on payments for new technologies		0	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).		253,209	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		12,249,742	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		12,249,742	61.00
62.00	Deductibles billed to program beneficiaries		1,127,968	62.00
63.00	Coinurance billed to program beneficiaries		1,340	63.00
64.00	Allowable bad debts (see instructions)		146,802	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		95,421	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		144,457	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,215,855	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)		67,985	70.93
70.94	HRR adjustment amount (see instructions)		-25,880	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2017	418,916	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)	2018	134,912	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,811,788	71.00
71.01	Sequestration adjustment (see instructions)		236,236	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		11,592,478	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)		-16,926	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,655,759	0	7,655,759		7,655,759	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,419,806	0		2,419,806	2,419,806	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	76,856	0	57,484	19,372	76,856	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,877,626	0	2,152,306	725,320	2,877,626	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.073265	0.073265	0.073265	0.073265		5.00
6.00	IME payment adjustment (see instructions)	22.00	395,144	0	300,244	94,900	395,144	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	112,855	0	112,855	0	112,855	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	395,144	0	300,244	94,900	395,144	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	112,855	0	112,855	0	112,855	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0631	0.0631	0.0631	0.0631		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	158,943	0	120,770	38,173	158,943	11.00
11.01	Uncompensated care payments	36.00	244,039	0	125,711	118,328	244,039	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	10,950,547	0	8,259,968	2,690,579	10,950,547	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,063,402	0	8,372,823	2,690,579	11,063,402	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	865,080	0	649,891	215,189	865,080	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	9,022,714	2,905,768	11,928,482	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	819,890	0	615,687	204,203	819,890	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,080	0	1,080	0	1,080	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0538	0.0538	0.0538	0.0538		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	44,110	0	33,124	10,986	44,110	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	865,080	0	649,891	215,189	865,080	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.046429	0.046429		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			418,916		418,916	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				134,912	134,912	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		169,728	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,504,027	2.00
3.00	OPPS payments		22,511,817	3.00
4.00	Outlier payment (see instructions)		640,997	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		16,218,685	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		16,951	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		169,728	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		783,822	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)		783,822	14.00
<b>Customary charges</b>				
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)		783,822	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		614,094	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)		169,728	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)		23,169,765	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		4,728,606	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)		18,610,887	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		94,631	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)		18,705,518	30.00
31.00	Primary payer payments		14,477	31.00
32.00	Subtotal (line 30 minus line 31)		18,691,041	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		431,368	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		280,389	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		426,545	36.00
37.00	Subtotal (see instructions)		18,971,430	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		18,971,430	40.00
40.01	Sequestration adjustment (see instructions)		379,429	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		18,380,689	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		211,312	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 52-0028

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,216,721		18,409,161	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/11/2018	87,552	07/11/2018	3,373	3.01	
3.02		12/05/2018	288,205		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	12/05/2018	31,845	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)		375,757		-28,472	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)		11,592,478		18,380,689	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		211,312	6.01	
6.02	SETTLEMENT TO PROGRAM		16,926		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,575,552		18,592,001	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: 52-0028

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Title XVIII		Hospital	PPS
			1.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2019 2:27 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		607,029		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)		607,029	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)		607,029	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		607,029	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		607,029	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/31/2019 2:27 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6.22	6.00
7.00	Enter the lesser of line 5 or line 6			1.10	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	6.22	0.00	6.22	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.10	0.00	1.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	1.10	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.89	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.06	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	1.86	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	1.86	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	2.92	0.00		17.00
18.00	Per resident amount	88,231.57	0.00		18.00
19.00	Approved amount for resident costs	257,636	0	257,636	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.12	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			88,231.57	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			257,636	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	4,185	1,182		26.00
27.00	Total Inpatient Days (see instructions)	8,803	8,803		27.00
28.00	Ratio of inpatient days to total inpatient days	0.475406	0.134272		28.00
29.00	Program direct GME amount	122,482	34,593		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		4,888		30.00
31.00	Net Program direct GME amount			152,187	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		12,575,646	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		12,575,646	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		20,690,706	42.00
43.00	Primary payer payments (see instructions)		14,477	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,676,229	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		33,251,875	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.378194	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.621806	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		152,187	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		57,556	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		94,631	50.00

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

Provider CCN: 52-0028

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

Worksheet G

Date/Time Prepared:  
5/31/2019 2:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	12,251,925	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	32,578,385	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,913,039	0	0	0	7.00
8.00	Prepaid expenses	2,739,473	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	51,482,822	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,050,000	0	0	0	12.00
13.00	Land improvements	1,262,350	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	102,035,947	0	0	0	15.00
16.00	Accumulated depreciation	0	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	12,824,576	0	0	0	23.00
24.00	Accumulated depreciation	-7,559,209	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)	111,613,664	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	124,962,163	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	1,402,312	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	126,364,475	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	289,460,961	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	-6,871,294	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-3,755,574	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	-9,385,750	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-20,012,618	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	-64,193,805	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-10,445,089	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-74,638,894	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-94,651,512	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-194,809,449				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)	-194,809,449	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-289,460,961	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0028

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

Worksheet G-1

Date/Time Prepared:  
5/31/2019 2:27 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		171,151,698		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,773,292			2.00
3.00	Total (sum of line 1 and line 2)		168,378,406		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES	7,723,502		0		5.00
6.00	CHGS IN INTEREST IN FOUNDATION	643,284		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		8,366,786		0	10.00
11.00	Subtotal (line 3 plus line 10)		176,745,192		0	11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		176,745,192		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	Additions (credit adjustments) (specify)		0			4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES		0			5.00
6.00	CHGS IN INTEREST IN FOUNDATION		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	CHGS IN UNREALIZED GAIN/LOSSES		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: 52-0028

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	9,220,609		9,220,609	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				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)	9,220,609		9,220,609	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,837,724		2,837,724	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,837,724		2,837,724	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,058,333		12,058,333	17.00
18.00	Ancillary services	75,280,136		75,280,136	18.00
19.00	Outpatient services	0	377,079,442	377,079,442	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PROF, CLINIC, OTHER	0	44,815,341	44,815,341	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	87,338,469	421,894,783	509,233,252	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,520,544		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	ROUNDING	1			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)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		175,520,543		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0028

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

Worksheet G-3

Date/Time Prepared:  
5/31/2019 2:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	509,233,252	1.00
2.00	Less contractual allowances and discounts on patients' accounts	330,785,613	2.00
3.00	Net patient revenues (line 1 minus line 2)	178,447,639	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,520,543	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,927,096	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	-5,700,388	24.00
24.01	INVESTMENT INCOME	0	24.01
24.02	EQUITY IN EARNINGS OF AFFILIATES	0	24.02
24.03	GAIN ON DISPOSAL OF EQUIPMENT	0	24.03
25.00	Total other income (sum of lines 6-24)	-5,700,388	25.00
26.00	Total (line 5 plus line 25)	-2,773,292	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	0	27.00
27.01	OTHER LOSS	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,773,292	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 52-0028	Period: 01/01/2018	Worksheet H
		HHA CCN: 52-7157	To 12/31/2018	Date/Time Prepared: 5/31/2019 2:27 pm
			Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	311,302	88,236	0	0	27,698	427,236
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	813,148	192,170	67,482	25,038	56,134	1,153,972
7.00	Physical Therapy	140,394	35,584	12,875	0	0	188,853
8.00	Occupational Therapy	82,453	20,871	7,547	0	0	110,871
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	34,833	15,639	6,659	0	5,540	62,671
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Tel emedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,382,130	352,500	94,563	25,038	89,372	1,943,603
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	427,236	0	427,236		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	1,153,972	0	1,153,972		6.00
7.00	Physical Therapy	0	188,853	0	188,853		7.00
8.00	Occupational Therapy	0	110,871	0	110,871		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	62,671	0	62,671		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	1,943,603	0	1,943,603		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: 52-0028 HHA CCN: 52-7157		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part I Date/Time Prepared: 5/31/2019 2:27 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	427,236	0	0	0	427,236	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,153,972	0	0	0	1,153,972	6.00
7.00	Physical Therapy	188,853	0	0	0	188,853	7.00
8.00	Occupational Therapy	110,871	0	0	0	110,871	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	62,671	0	0	0	62,671	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,943,603	0	0	0	1,943,603	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	427,236					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	325,131	1,479,103				6.00
7.00	Physical Therapy	53,209	242,062				7.00
8.00	Occupational Therapy	31,238	142,109				8.00
9.00	Speech Pathology	0	0				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	17,658	80,329				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,943,603				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 52-0028 HHA CCN: 52-7157		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part II Date/Time Prepared: 5/31/2019 2:27 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
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	-427,236	1,516,367
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,153,972
7.00	Physical Therapy	0	0	0	0	0	188,853
8.00	Occupational Therapy	0	0	0	0	0	110,871
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	62,671
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-427,236	1,516,367
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		427,236
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.281750

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 52-7157

To 12/31/2018

Part I  
Date/Time Prepared: 5/31/2019 2:27 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	66,078	0	15,812	416,652	7,570	1.00
2.00 Skilled Nursing Care	1,479,103	0	0	41,303	0	0	2.00
3.00 Physical Therapy	242,062	0	0	7,131	0	0	3.00
4.00 Occupational Therapy	142,109	0	0	4,188	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	80,329	0	0	1,769	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,943,603	66,078	0	70,203	416,652	7,570	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	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	506,112	98,903	15,337	1.00
2.00 Skilled Nursing Care	680	0	0	1,521,086	297,248	0	2.00
3.00 Physical Therapy	0	0	0	249,193	48,697	0	3.00
4.00 Occupational Therapy	0	0	0	146,297	28,589	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	82,098	16,043	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)	680	0	0	2,504,786	489,480	15,337	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: 52-0028	Period: From 01/01/2018	Worksheet H-2 Part I
				HHA CCN: 52-7157	To 12/31/2018	Date/Time Prepared: 5/31/2019 2:27 pm
				Home Health Agency I		PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	186,251	0	0	0	64,727	24,925	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)	186,251	0	0	0	64,727	24,925	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		14.00	15.00	16.00	17.00	21.00	22.00	
1.00	Administrative and General	62,107	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	8,428	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)	62,107	0	0	8,428	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: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2018

Part I

To 12/31/2018

Date/Time Prepared: 5/31/2019 2:27 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	958,362	0	958,362			1.00
2.00 Skilled Nursing Care	0	1,818,334	0	1,818,334	726,795	2,545,129	2.00
3.00 Physical Therapy	0	297,890	0	297,890	119,068	416,958	3.00
4.00 Occupational Therapy	0	174,886	0	174,886	69,903	244,789	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	8,428	0	8,428	3,369	11,797	6.00
7.00 Home Health Aide	0	98,141	0	98,141	39,227	137,368	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	3,356,041	0	3,356,041	958,362	3,356,041	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.					0.399704		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: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/31/2019 2:27 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	9,153	0	311,303	21	40	0	1.00
2.00 Skilled Nursing Care	0	0	813,148	0	0	55,994	2.00
3.00 Physical Therapy	0	0	140,394	0	0	0	3.00
4.00 Occupational Therapy	0	0	82,453	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	34,833	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)	9,153	0	1,382,131	21	40	55,994	20.00
21.00 Total cost to be allocated	66,078	0	70,203	416,652	7,570	680	21.00
22.00 Unit cost multiplier	7.219272	0.000000	0.050793	19,840.571429	189.250000	0.012144	22.00
Cost Center Description	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	506,112	14	9,153	1.00
2.00 Skilled Nursing Care	0	0	0	1,521,086	0	0	2.00
3.00 Physical Therapy	0	0	0	249,193	0	0	3.00
4.00 Occupational Therapy	0	0	0	146,297	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	82,098	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	2,504,786	14	9,153	20.00
21.00 Total cost to be allocated	0	0	0	489,480	15,337	186,251	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.195418	1,095.500000	20.348629	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/31/2019 2:27 pm
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		Home Health Agency I	PPS
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Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	0	0	1,879	1,879	41,600	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	1,879	1,879	41,600	20.00
21.00 Total cost to be allocated	0	0	0	64,727	24,925	62,107	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	34.447578	13.265035	1.492957	22.00

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMEDIC PRGM- PHARMACY (ASSIGNED TIME)	
				SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
	15.00	16.00	17.00	21.00	22.00	23.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	30	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	30	0	0	0	20.00
21.00 Total cost to be allocated	0	0	8,428	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	280.933333	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/31/2019 2:27 pm
		HHA CCN: 52-7157		

			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	2,545,129		2,545,129	4,550	559.37	1.00
2.00	Physical Therapy	3.00	416,958	0	416,958	1,235	337.62	2.00
3.00	Occupational Therapy	4.00	244,789	0	244,789	454	539.18	3.00
4.00	Speech Pathology	5.00	0	0	0	47	0.00	4.00
5.00	Medical Social Services	6.00	11,797		11,797	1,206	9.78	5.00
6.00	Home Health Aide	7.00	137,368		137,368	1,921	71.51	6.00
7.00	Total (sum of lines 1-6)		3,356,041	0	3,356,041	9,413		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00
				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		27500	0	0	8.00
8.01	Skilled Nursing Care		31540	0	0	8.01
8.02	Skilled Nursing Care		40420	0	0	8.02
8.03	Skilled Nursing Care		50184	0	0	8.03
8.04	Skilled Nursing Care		50185	0	0	8.04
8.05	Skilled Nursing Care		99914	0	1,245	8.05
8.06	Skilled Nursing Care		99952	0	2,332	8.06
9.00	Physical Therapy		27500	0	0	9.00
9.01	Physical Therapy		31540	0	0	9.01
9.02	Physical Therapy		40420	0	0	9.02
9.03	Physical Therapy		50184	0	0	9.03
9.04	Physical Therapy		50185	0	0	9.04
9.05	Physical Therapy		99914	0	225	9.05
9.06	Physical Therapy		99952	0	605	9.06
10.00	Occupational Therapy		27500	0	0	10.00
10.01	Occupational Therapy		31540	0	0	10.01
10.02	Occupational Therapy		40420	0	0	10.02
10.03	Occupational Therapy		50184	0	0	10.03
10.04	Occupational Therapy		50185	0	0	10.04
10.05	Occupational Therapy		99914	0	121	10.05
10.06	Occupational Therapy		99952	0	281	10.06
11.00	Speech Pathology		27500	0	0	11.00
11.01	Speech Pathology		31540	0	0	11.01
11.02	Speech Pathology		40420	0	0	11.02
11.03	Speech Pathology		50184	0	0	11.03
11.04	Speech Pathology		50185	0	0	11.04
11.05	Speech Pathology		99914	0	18	11.05
11.06	Speech Pathology		99952	0	27	11.06
12.00	Medical Social Services		27500	0	0	12.00
12.01	Medical Social Services		31540	0	0	12.01
12.02	Medical Social Services		40420	0	0	12.02
12.03	Medical Social Services		50184	0	0	12.03
12.04	Medical Social Services		50185	0	0	12.04
12.05	Medical Social Services		99914	0	30	12.05
12.06	Medical Social Services		99952	0	27	12.06
13.00	Home Health Aide		27500	0	0	13.00
13.01	Home Health Aide		31540	0	0	13.01
13.02	Home Health Aide		40420	0	0	13.02
13.03	Home Health Aide		50184	0	0	13.03
13.04	Home Health Aide		50185	0	0	13.04
13.05	Home Health Aide		99914	0	451	13.05
13.06	Home Health Aide		99952	0	108	13.06
14.00	Total (sum of lines 8-13)			0	5,470	14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 52-0028 HHA CCN: 52-7157		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part I Date/Time Prepared: 5/31/2019 2:27 pm		
				Title XVIII		Home Health Agency I		PPS		
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total 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	0	0	0	0	0.000000			15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000			16.00
Program Visits										
Cost Center Description		Part A	Part B		Cost of Services		Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A		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	3,577		0	2,000,866				1.00
2.00	Physical Therapy	0	830		0	280,225				2.00
3.00	Occupational Therapy	0	402		0	216,750				3.00
4.00	Speech Pathology	0	45		0	0				4.00
5.00	Medical Social Services	0	57		0	557				5.00
6.00	Home Health Aide	0	559		0	39,974				6.00
7.00	Total (sum of lines 1-6)	0	5,470		0	2,538,372				7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation										
8.00	Skilled Nursing Care									8.00
8.01	Skilled Nursing Care									8.01
8.02	Skilled Nursing Care									8.02
8.03	Skilled Nursing Care									8.03
8.04	Skilled Nursing Care									8.04
8.05	Skilled Nursing Care									8.05
8.06	Skilled Nursing Care									8.06
9.00	Physical Therapy									9.00
9.01	Physical Therapy									9.01
9.02	Physical Therapy									9.02
9.03	Physical Therapy									9.03
9.04	Physical Therapy									9.04
9.05	Physical Therapy									9.05
9.06	Physical Therapy									9.06
10.00	Occupational Therapy									10.00
10.01	Occupational Therapy									10.01
10.02	Occupational Therapy									10.02
10.03	Occupational Therapy									10.03
10.04	Occupational Therapy									10.04
10.05	Occupational Therapy									10.05
10.06	Occupational Therapy									10.06
11.00	Speech Pathology									11.00
11.01	Speech Pathology									11.01
11.02	Speech Pathology									11.02
11.03	Speech Pathology									11.03
11.04	Speech Pathology									11.04
11.05	Speech Pathology									11.05
11.06	Speech Pathology									11.06
12.00	Medical Social Services									12.00
12.01	Medical Social Services									12.01
12.02	Medical Social Services									12.02
12.03	Medical Social Services									12.03
12.04	Medical Social Services									12.04
12.05	Medical Social Services									12.05
12.06	Medical Social Services									12.06
13.00	Home Health Aide									13.00
13.01	Home Health Aide									13.01
13.02	Home Health Aide									13.02
13.03	Home Health Aide									13.03
13.04	Home Health Aide									13.04
13.05	Home Health Aide									13.05
13.06	Home Health Aide									13.06
14.00	Total (sum of lines 8-13)									14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 52-0028 HHA CCN: 52-7157		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part I Date/Time Prepared: 5/31/2019 2:27 pm	
				Title XVIII		Home Health Agency I		PPS	
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			
<b>Supplies and Drugs Cost Computations</b>									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>									
<b>Cost Per Visit Computation</b>									
1.00	Skilled Nursing Care	2,000,866							
2.00	Physical Therapy	280,225							
3.00	Occupational Therapy	216,750							
4.00	Speech Pathology	0							
5.00	Medical Social Services	557							
6.00	Home Health Aide	39,974							
7.00	Total (sum of lines 1-6)	2,538,372							
Cost Center Description									
		12.00							
<b>Limitation Cost Computation</b>									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
8.04	Skilled Nursing Care							8.04	
8.05	Skilled Nursing Care							8.05	
8.06	Skilled Nursing Care							8.06	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
9.04	Physical Therapy							9.04	
9.05	Physical Therapy							9.05	
9.06	Physical Therapy							9.06	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
10.04	Occupational Therapy							10.04	
10.05	Occupational Therapy							10.05	
10.06	Occupational Therapy							10.06	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
11.04	Speech Pathology							11.04	
11.05	Speech Pathology							11.05	
11.06	Speech Pathology							11.06	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
12.04	Medical Social Services							12.04	
12.05	Medical Social Services							12.05	
12.06	Medical Social Services							12.06	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
13.04	Home Health Aide							13.04	
13.05	Home Health Aide							13.05	
13.06	Home Health Aide							13.06	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

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

Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.258695	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.236109	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.209043	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.174817	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.141715	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
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
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	838,779
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	55,355
13.00	Total PPS Reimbursement - LUPA Episodes		0	29,340
14.00	Total PPS Reimbursement - PEP Episodes		0	4,062
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	13,843
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	941,379
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	941,379
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	941,379
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	941,379
30.00	OTHER ADJUSTMENTS PER PS&R		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	941,379
31.01	Sequestration adjustment (see instructions)		0	18,828
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	922,550
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	1
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: 52-0028  
HHA CCN: 52-7157

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

Worksheet H-5  
Date/Time Prepared:  
5/31/2019 2:27 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		922,550	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		922,550	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		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		922,551	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: 52-0028

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 52-1523

To 12/31/2018

Date/Time Prepared: 5/31/2019 2:27 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	309,521	309,521	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	197,843	117,771	315,614	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	19,133	0	19,133	0	13.00
14.00	PHARMACY*	0	127,621	127,621	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
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**	375,899	527,795	903,694	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**	96,942	2,496	99,438	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**	407,764	33,855	441,619	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	636	636	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	5,517	5,517	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	24,236	2,494	26,730	0	60.00
61.00	VOLUNTEER PROGRAM *	0	29,443	29,443	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,121,817	1,157,149	2,278,966	0	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: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet 0
		Hospice CCN: 52-1523		Date/Time Prepared: 5/31/2019 2:27 pm
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	309,521	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	315,614	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	19,133	13.00
14.00	PHARMACY*	0	127,621	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
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	903,694	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	99,438	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	441,619	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	636	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	5,517	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	26,730	60.00
61.00	VOLUNTEER PROGRAM *	0	29,443	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	2,278,966	100.00

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

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

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

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet 0-1

Hospice CCN: 52-1523

To 12/31/2018

Date/Time Prepared: 5/31/2019 2:27 pm

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

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

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/31/2019 2:27 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	375,899	527,795	903,694	0	903,694	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	96,942	2,496	99,438	0	99,438	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	407,764	33,855	441,619	0	441,619	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	636	636	0	636	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5,517	5,517	0	5,517	46.00
100.00	TOTAL *	880,605	570,299	1,450,904	0	1,450,904	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	903,694	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	99,438	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	441,619	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	636	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5,517	46.00
100.00	TOTAL *	0	1,450,904	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: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-3 Date/Time Prepared: 5/31/2019 2:27 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

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

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

\* 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: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/31/2019 2:27 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	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	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	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: 52-0028

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 52-1523

To 12/31/2018

Date/Time Prepared: 5/31/2019 2:27 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	60,793	60,793	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	309,521	56,980	366,501	3.00
4.00	ADMINISTRATIVE & GENERAL	315,614	1,238,312	1,553,926	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	14,127	14,127	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	10,749	10,749	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	19,133	0	19,133	13.00
14.00	PHARMACY	127,621	395,314	522,935	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	2,809	2,809	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,450,904	0	1,450,904	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	26,730	0	26,730	60.00
61.00	VOLUNTEER PROGRAM	29,443	0	29,443	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,278,966	1,779,084	4,058,050	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2018

Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	60,793	60,793			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	366,501	0	0	366,501	3.00
4.00	ADMINISTRATIVE & GENERAL	1,553,926	60,793	0	0	1,614,719
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	14,127	0	0	0	14,127
10.00	ROUTINE MEDICAL SUPPLIES	10,749	0	0	0	10,749
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	19,133	0	0	0	19,133
14.00	PHARMACY	522,935	0	0	0	522,935
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		2,809
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	1,450,904			366,501	1,817,405
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	26,730	0	0	0	26,730
61.00	VOLUNTEER PROGRAM	29,443	0	0	0	29,443
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	4,058,050	60,793	0	366,501	4,058,050

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2018

Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	1,614,719					4.00
5.00	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	9,336	0				9.00
10.00	7,104	0				10.00
11.00	0	0				11.00
12.00	0	0				12.00
13.00	12,644	0				13.00
14.00	345,591	0				14.00
15.00	0	0				15.00
16.00	0	0				16.00
17.00	1,856	0				17.00
<b>LEVEL OF CARE</b>						
50.00	0					50.00
51.00	1,201,065					51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	17,665	0			0	60.00
61.00	19,458	0			0	61.00
62.00	0	0			0	62.00
63.00	0	0			0	63.00
64.00	0	0			0	64.00
65.00	0	0			0	65.00
66.00	0	0	0		0	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	0	71.00
99.00	0	0	0	0	0	99.00
100.00	1,614,719	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2018

Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	23,463					9.00
10.00	0	17,853				10.00
11.00	0		0			11.00
12.00	0			0		12.00
13.00	0			0	31,777	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
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	23,463	17,853	0	0	0	51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	31,777	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	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	23,463	17,853	0	0	31,777	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2018

Part I  
Date/Time Prepared:  
5/31/2019 2:27 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	868,526					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				4,665		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	868,526	0	0		3,928,312	51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		44,395	60.00
61.00	0		0		80,678	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	4,665	4,665	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	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	868,526	0	0	4,665	4,058,050	100.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

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

Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	198					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	668,033			3.00
4.00	ADMINISTRATIVE & GENERAL	198	0	0	-1,614,719	2,443,331	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	14,127	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10,749	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	19,133	13.00
14.00	PHARMACY	0	0	0	0	522,935	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	2,809	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			668,033	0	1,817,405	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	26,730	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	29,443	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	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)	60,793	0	366,501		1,614,719	100.00
101.00	UNIT COST MULTIPLIER	307.035354	0.000000	0.548627		0.660868	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

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

Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION  (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		15,941	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
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					15,941	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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)					23,463	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	1.471865	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

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

Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,671					10.00
11.00	MEDICAL RECORDS		9,671				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	129,213	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
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	9,671	9,671	0	0	129,213	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	100	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	17,853	0	0	31,777	868,526	100.00
101.00	UNIT COST MULTIPLIER	1.846035	0.000000	0.000000	317.770000	6.721661	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

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

Part II  
Date/Time Prepared:  
5/31/2019 2:27 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
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		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			100		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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	100		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)			4,665		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	46.650000		101.00

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

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet 0-7

Hospice CCN: 52-1523

To 12/31/2018

Date/Time Prepared: 5/31/2019 2:27 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.258695	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.236109	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.209043	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.141715	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.182815	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.174817	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
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	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0028

Period: From 01/01/2018

Worksheet 0-8

Hospice CCN: 52-1523

To 12/31/2018

Date/Time Prepared: 5/31/2019 2:27 pm

		Hospice I		
		TITLE XVII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1.00	2.00	3.00
<b>HOSPICE CONTINUOUS HOME CARE</b>				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
<b>HOSPICE ROUTINE HOME CARE</b>				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,928,312
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			9,671
8.00	Total average cost per diem (line 6 divided by line 7)			406.20
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	9,671	0	9,671
10.00	Program cost (line 8 times line 9)	3,928,360	0	3,928,360
<b>HOSPICE INPATIENT RESPITE CARE</b>				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0
13.00	Total average cost per diem (line 11 divided by line 12)			0.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	0
15.00	Program cost (line 13 times line 14)	0	0	0
<b>HOSPICE GENERAL INPATIENT CARE</b>				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0
18.00	Total average cost per diem (line 16 divided by line 17)			0.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0	0
20.00	Program cost (line 18 times line 19)	0	0	0
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,928,312
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,671
23.00	Average cost per diem (line 21 divided by line 22)			406.20

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0028	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/31/2019 2:27 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		819,890	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,080	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)		24.12	3.00
4.00	Number of interns & residents (see instructions)		4.48	4.00
5.00	Indirect medical education percentage (see instructions)		5.38	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)		44,110	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		865,080	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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