

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: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/23/2018 2:05 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/23/2018 Time: 2:05 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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 SCHNECK MEDICAL CENTER (15-0065) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	339,702	176,172	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	0		0	9.00
200.00 Total	0	339,702	176,172	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 10:30 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 411 WEST TIPTON STREET			PO Box:						1.00	
2.00	City: SEYMOUR			State: IN		Zip Code: 47274-		County: JACKSON		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		O	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						8			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	443	661	0	0	1,953	80		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 10:30 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		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	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 10:30 am		
	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0065

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

Worksheet S-2
Part I
Date/Time Prepared:
5/18/2018 10:30 am

		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
75.00	Inpatient Rehabilitation Facility PPS 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 10:30 am			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	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	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 10:30 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,194,808	0	0		
		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		Y		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/18/2018 10:30 am
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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:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00		
								2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
		Part A	Part B	Title V	Title XIX					
		1.00	2.00	3.00	4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N			155.00		
156.00	Subprovider - IPF	N	N	N	N			156.00		
157.00	Subprovider - IRF	N	N	N	N			157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N			159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00		
161.00	CMHC		N	N	N			161.00		
								1.00		
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	166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
		Beginning		Ending						
		1.00		2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							01/01/2017	12/31/2017	170.00
								1.00		
								2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/18/2018 10:30 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C				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.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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	01/03/2018	Y	01/03/2018		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: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/18/2018 10:30 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JORDAN		ROSE	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-992-3500		JROSE@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/18/2018 10:30 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR ACCOUNTANT		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: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2018 10:30 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	85	31,025	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)		85	31,025	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	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)		92	33,580	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	1	365			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		93			0	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: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2018 10:30 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,074	1,708	8,319			1.00
2.00 HMO and other (see instructions)	770	467				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	115	0	182			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	81			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,189	1,708	8,582			7.00
8.00 INTENSIVE CARE UNIT	439	60	1,088			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		822	1,632			13.00
14.00 Total (see instructions)	3,628	2,590	11,302	0.00	817.01	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	4,384	203	8,728	0.00	17.35	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	279	20	321	0.00	9.29	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	843.65	27.00
28.00 Observation Bed Days		405	2,197			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	80	152			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: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2018 10:30 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	874	501	2,708	1.00
2.00 HMO and other (see instructions)				147	132		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		874	501	2,708	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
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part II Date/Time Prepared: 5/18/2018 10:30 am			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	60,836,103	0	60,836,103	1,754,813.45	34.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	360,911	360,911	4,227.00	85.38	3.00
4.00	Physician-Part A - Administrative		228,754	0	228,754	1,098.00	208.34	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		8,622,675	0	8,622,675	45,189.00	190.81	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		10,994,611	773	10,995,384	287,137.33	38.29	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,114,707	0	1,114,707	13,842.92	80.53	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		239,000	0	239,000	1,732.00	137.99	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		12,558,636	0	12,558,636			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,803,659	0	2,803,659			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		59,935	0	59,935			21.00
22.00	Physician Part A - Administrative		28,226	0	28,226			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,087,435	0	1,087,435			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	511,535	0	511,535	12,723.70	40.20	26.00
27.00	Administrative & General	5.00	7,555,431	0	7,555,431	236,835.40	31.90	27.00

5/18/2018 10:30 am

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/18/2018 10:30 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		947,876	0	947,876	4,150.43	228.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,355,165	0	1,355,165	47,859.55	28.32	30.00
31.00	Laundry & Linen Service	8.00	45,165	0	45,165	3,396.80	13.30	31.00
32.00	Housekeeping	9.00	928,035	0	928,035	66,314.55	13.99	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	700,610	-546,667	153,943	8,912.94	17.27	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	546,667	546,667	31,651.00	17.27	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,147,535	-773	2,146,762	61,254.43	35.05	38.00
39.00	Central Services and Supply	14.00	713,952	0	713,952	36,412.59	19.61	39.00
40.00	Pharmacy	15.00	1,197,000	0	1,197,000	29,565.19	40.49	40.00
41.00	Medical Records & Medical Records Library	16.00	979,311	0	979,311	44,374.00	22.07	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	369,423	0	369,423	7,452.90	49.57	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part III
Date/Time Prepared:
5/18/2018 10:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,161,304	-360,911	52,800,393	1,709,547.88	30.89	1.00
2.00	Excluded area salaries (see instructions)	10,994,611	773	10,995,384	287,137.33	38.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,166,693	-361,684	41,805,009	1,422,410.55	29.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,353,707	0	1,353,707	15,574.92	86.92	4.00
5.00	Subtotal wage-related costs (see inst.)	12,586,862	0	12,586,862	0.00	30.11	5.00
6.00	Total (sum of lines 3 thru 5)	56,107,262	-361,684	55,745,578	1,437,985.47	38.77	6.00
7.00	Total overhead cost (see instructions)	17,451,038	-773	17,450,265	590,903.48	29.53	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0065

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/18/2018 10:30 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,137,524	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	10,724,838	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	77,929	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)	511,785	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	10,529	14.00
15.00	'Workers' Compensation Insurance	53,778	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,912,312	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	109,196	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,537,891	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/18/2018 10:30 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,114,707	16,537,891
2.00	Hospital		1,114,707	16,537,891
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-7155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-4 Date/Time Prepared: 5/18/2018 10:30 am PPS
		Home Health Agency I		

		1.00					
0.00	County						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	491	0	2,230	2,721	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	448.00	35.00	97.00	580.00	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					3.00
4.00	Director(s) and Assistant Director(s)	0.00					4.00
5.00	Other Administrative Personnel	3.98					5.00
6.00	Direct Nursing Service	8.80					6.00
7.00	Nursing Supervisor	1.00					7.00
8.00	Physical Therapy Service	2.15					8.00
9.00	Physical Therapy Supervisor	0.00					9.00
10.00	Occupational Therapy Service	2.18					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	0.18					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	0.00					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	1.31					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	Other (specify)	0.00					18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99915					20.00
20.01		31140					20.01
20.02		18020					20.02
		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	1,508	298	59	14	1,879	21.00
22.00	Skilled Nursing Visit Charges	398,073	78,970	15,622	3,671	496,336	22.00
23.00	Physical Therapy Visits	1,109	61	18	7	1,195	23.00
24.00	Physical Therapy Visit Charges	337,743	18,849	5,562	2,163	364,317	24.00
25.00	Occupational Therapy Visits	667	82	11	9	769	25.00
26.00	Occupational Therapy Visit Charges	203,226	25,338	3,399	2,766	234,729	26.00
27.00	Speech Pathology Visits	28	10	0	2	40	27.00
28.00	Speech Pathology Visit Charges	8,034	3,090	0	618	11,742	28.00
29.00	Medical Social Service Visits	8	1	1	0	10	29.00
30.00	Medical Social Service Visit Charges	3,048	381	381	0	3,810	30.00
31.00	Home Health Aide Visits	381	98	2	10	491	31.00
32.00	Home Health Aide Visit Charges	55,381	14,308	292	1,439	71,420	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,701	550	91	42	4,384	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,005,505	140,936	25,256	10,657	1,182,354	35.00
36.00	Total Number of Episodes (standard/non outlier)	244		34	3	281	36.00
37.00	Total Number of Outlier Episodes		16		1	17	37.00
38.00	Total Non-Routine Medical Supply Charges	10,606	3,657	1,174	165	15,602	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-7

Date/Time Prepared:
5/18/2018 10:30 am

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

5/18/2018 10:30 am

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-7

Date/Time Prepared:
5/18/2018 10:30 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	115	115	199.00
200.00	TOTAL		0	115	115	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99915	99915	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)			0		207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet S-9

Hospice CCN: 15-1529

To 12/31/2017

PARTS I THROUGH IV

Date/Time Prepared: 5/18/2018 10:30 am

		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	8,115	231	25	8,371	11.00
12.00	Hospice Inpatient Respite Care	238	15	6	259	12.00
13.00	Hospice General Inpatient Care	41	5	16	62	13.00
14.00	Total Hospice Days	8,394	251	47	8,692	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: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/18/2018 10:30 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.284752	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		11,365,584	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?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		1,151,276	5.00
6.00	Medicaid charges		58,735,552	6.00
7.00	Medicaid cost (line 1 times line 6)		16,725,066	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)		4,208,206	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		63,239	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		27,071	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,208,206	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)	4,684,607	1,474,687	6,159,294
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,333,951	1,474,687	2,808,638
22.00	Payments received from patients for amounts previously written off as charity care	0	26,239	26,239
23.00	Cost of charity care (line 21 minus line 22)	1,333,951	1,448,448	2,782,399
			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)		15,677,785	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		230,026	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		353,885	27.01
28.00	Non-Medicare bad debt expense (see instructions)		15,323,900	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,487,370	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,269,769	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,477,975	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/18/2018 10:30 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,908,050	7,908,050	-2,822,772	5,085,278	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,731,884	3,731,884	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	511,535	16,940,641	17,452,176	-69	17,452,107	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,555,431	14,883,312	22,438,743	-170,457	22,268,286	5.00
7.00	00700	OPERATION OF PLANT	1,355,165	2,223,247	3,578,412	0	3,578,412	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,165	286,914	332,079	0	332,079	8.00
9.00	00900	HOUSEKEEPING	928,035	303,638	1,231,673	0	1,231,673	9.00
10.00	01000	DIETARY	700,610	583,786	1,284,396	-1,002,767	281,629	10.00
11.00	01100	CAFETERIA	0	0	0	1,000,093	1,000,093	11.00
13.00	01300	NURSING ADMINISTRATION	2,147,535	745,627	2,893,162	-773	2,892,389	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	713,952	6,236,912	6,950,864	-6,022,379	928,485	14.00
15.00	01500	PHARMACY	1,197,000	8,577,675	9,774,675	-6,651,559	3,123,116	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	979,311	275,025	1,254,336	0	1,254,336	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	369,423	16,716	386,139	0	386,139	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	360,911	360,911	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,758,239	1,405,092	8,163,331	-2,222,380	5,940,951	30.00
31.00	03100	INTENSIVE CARE UNIT	1,023,174	359,742	1,382,916	-166,316	1,216,600	31.00
43.00	04300	NURSERY	0	0	0	566,192	566,192	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,844,898	3,282,959	6,127,857	-1,234,166	4,893,691	50.00
51.00	05100	RECOVERY ROOM	447,270	44,550	491,820	-5,186	486,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,068,748	1,068,748	52.00
53.00	05300	ANESTHESIOLOGY	3,183,406	117,776	3,301,182	-360,992	2,940,190	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,372,739	1,451,695	3,824,434	-79,762	3,744,672	54.00
54.01	03630	ULTRA SOUND	268,371	73,046	341,417	-34,405	307,012	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	82,125	160,456	242,581	-112,280	130,301	54.02
57.00	05700	CT SCAN	275,749	466,585	742,334	-155,982	586,352	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	183,153	186,389	369,542	-33,107	336,435	58.00
60.00	06000	LABORATORY	1,550,063	3,171,130	4,721,193	-1,527,627	3,193,566	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	281,382	281,382	0	281,382	63.00
64.00	06400	INTRAVENOUS THERAPY	244,749	18,579	263,328	-12,564	250,764	64.00
65.00	06500	RESPIRATORY THERAPY	1,376,407	387,131	1,763,538	-183,388	1,580,150	65.00
66.00	06600	PHYSICAL THERAPY	1,068,805	58,070	1,126,875	-9,583	1,117,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	366,033	34,402	400,435	-23,467	376,968	67.00
68.00	06800	SPEECH PATHOLOGY	228,916	8,626	237,542	-3,488	234,054	68.00
69.00	06900	ELECTROCARDIOLOGY	132,854	170,784	303,638	-66,019	237,619	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,491	3,491	8,160,046	8,163,537	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	2,370,603	2,370,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,850,088	6,850,088	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	221,658	53,031	274,689	-42,923	231,766	76.00
76.02	03951	CASE MANAGEMENT	522,589	15,385	537,974	67	538,041	76.02
76.03	03950	PAIN MANAGEMENT	1,294,878	263,965	1,558,843	-32,255	1,526,588	76.03
76.97	07697	CARDIAC REHABILITATION	415,732	10,582	426,314	-3,980	422,334	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	264,577	16,398	280,975	-9	280,966	90.01
90.02	09002	VEIN CENTER	360,355	46,079	406,434	-10,669	395,765	90.02
90.03	09003	OBGYN	2,268,790	336,560	2,605,350	-260,554	2,344,796	90.03
91.00	09100	EMERGENCY	5,068,716	504,701	5,573,417	-103,276	5,470,141	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	514,084	10,595	524,679	-30	524,649	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,321,346	140,262	1,461,608	773	1,462,381	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		754,221	754,221	-754,221	0	113.00
116.00	11600	HOSPICE	630,020	177,378	807,398	0	807,398	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,792,858	72,992,585	124,785,443	0	124,785,443	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,979,491	389,519	3,369,010	0	3,369,010	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	597,467	597,467	0	597,467	194.01
194.02	07952	EXTERNAL SVCS MARKETING	198,789	759,063	957,852	0	957,852	194.02
194.03	07953	WASHINGTON CLINIC	197,375	0	197,375	0	197,375	194.03
194.04	07954	PHYSICIAN OFFICES	790,430	157,398	947,828	0	947,828	194.04
194.05	07955	INTEGRATED MEDICINE	370,149	133,440	503,589	0	503,589	194.05
194.06	07956	SURGICAL PROFESSIONAL	1,061,120	83,272	1,144,392	0	1,144,392	194.06
194.07	07957	PRIMARY CARE	2,588,355	785,373	3,373,728	0	3,373,728	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/18/2018 10:30 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.08	07958 EMPLOYER CLINIC	729,533	176,191	905,724	0	905,724	194.08
194.09	07959 UROLOGY PROF	128,003	534,700	662,703	0	662,703	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	60,836,103	76,609,008	137,445,111	0	137,445,111	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-828,892	4,256,386	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,731,884	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-362,797	17,089,310	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,825,110	14,443,176	5.00
7.00	00700	OPERATION OF PLANT	0	3,578,412	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	332,079	8.00
9.00	00900	HOUSEKEEPING	0	1,231,673	9.00
10.00	01000	DIETARY	-27,739	253,890	10.00
11.00	01100	CAFETERIA	-390,435	609,658	11.00
13.00	01300	NURSING ADMINISTRATION	-1,750	2,890,639	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	928,485	14.00
15.00	01500	PHARMACY	0	3,123,116	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,553	1,233,783	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	-4,090	382,049	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-360,911	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-691,949	5,249,002	30.00
31.00	03100	INTENSIVE CARE UNIT	-62,285	1,154,315	31.00
43.00	04300	NURSERY	0	566,192	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-558,249	4,335,442	50.00
51.00	05100	RECOVERY ROOM	0	486,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,068,748	52.00
53.00	05300	ANESTHESIOLOGY	-3,393,787	-453,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-666,154	3,078,518	54.00
54.01	03630	ULTRA SOUND	0	307,012	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	130,301	54.02
57.00	05700	CT SCAN	-6,664	579,688	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	336,435	58.00
60.00	06000	LABORATORY	-22,261	3,171,305	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	281,382	63.00
64.00	06400	INTRAVENOUS THERAPY	0	250,764	64.00
65.00	06500	RESPIRATORY THERAPY	-466,617	1,113,533	65.00
66.00	06600	PHYSICAL THERAPY	-2,544	1,114,748	66.00
67.00	06700	OCCUPATIONAL THERAPY	-147	376,821	67.00
68.00	06800	SPEECH PATHOLOGY	-49	234,005	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,679	235,940	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,163,537	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	2,370,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-165,933	6,684,155	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	-98	231,668	76.00
76.02	03951	CASE MANAGEMENT	-504,151	33,890	76.02
76.03	03950	PAIN MANAGEMENT	-904,173	622,415	76.03
76.97	07697	CARDIAC REHABILITATION	0	422,334	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	-223,673	57,293	90.01
90.02	09002	VEIN CENTER	-243,594	152,171	90.02
90.03	09003	OBGYN	-2,081,751	263,045	90.03
91.00	09100	EMERGENCY	-2,712,722	2,757,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	-267,229	257,420	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,462,381	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	807,398	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-22,797,986	101,987,457	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,369,010	192.00
194.00	07950	WELLNESS	0	0	194.00
194.01	07951	JACKSON MOB	0	597,467	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	957,852	194.02
194.03	07953	WASHINGTON CLINIC	0	197,375	194.03
194.04	07954	PHYSICIAN OFFICES	0	947,828	194.04
194.05	07955	INTEGRATED MEDICINE	0	503,589	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	1,144,392	194.06
194.07	07957	PRIMARY CARE	0	3,373,728	194.07
194.08	07958	EMPLOYER CLINIC	0	905,724	194.08
194.09	07959	UROLOGY PROF	0	662,703	194.09

5/18/2018 10:30 am

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center	Description	Adjustments	Net Expenses	
		(See A-8)	For Allocation	
200.00	TOTAL (SUM OF LINES 118 through 199)	-22,797,986	114,647,125	200.00

RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6

Date/Time Prepared:
5/18/2018 10:30 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,685,953	1.00
	TOTALS		0	3,685,953	
B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	108,960	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	45,931	2.00
	TOTALS		0	154,891	
C - CAFETERIA					
1.00	CAFETERIA	11.00	546,667	453,426	1.00
	TOTALS		546,667	453,426	
D - BOND INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	754,221	1.00
	TOTALS		0	754,221	
E - NURSERY					
1.00	NURSERY	43.00	516,716	49,476	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	975,357	93,391	2.00
	TOTALS		1,492,073	142,867	
F - NONPHYSICIAN ANESTHETIST					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	360,911	0	1.00
	TOTALS		360,911	0	
G - HOME HEALTH SOCIAL WORKER					
1.00	HOME HEALTH AGENCY	101.00	773	0	1.00
	TOTALS		773	0	
H - IMPLANTABLE DEVICES					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	2,370,603	1.00
	TOTALS		0	2,370,603	
I - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,850,088	1.00
2.00	LABORATORY	60.00	0	41	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
	TOTALS		0	6,850,129	
J - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,530,649	1.00
2.00	CASE MANAGEMENT	76.02	0	67	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00

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RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6

Date/Time Prepared:
5/18/2018 10:30 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	10,530,716	
500.00	Grand Total: Increases		2,400,424	24,942,806	500.00

RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6
Date/Time Prepared:
5/18/2018 10:30 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,685,953	9		1.00
	TOTALS		0	3,685,953			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	154,891	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	154,891			
C - CAFETERIA							
1.00	DIETARY	10.00	546,667	453,426	0		1.00
	TOTALS		546,667	453,426			
D - BOND INTEREST							
1.00	INTEREST EXPENSE	113.00	0	754,221	11		1.00
	TOTALS		0	754,221			
E - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,492,073	142,867	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,492,073	142,867			
F - NONPHYSICIAN ANESTHETIST							
1.00	ANESTHESIOLOGY	53.00	360,911	0	0		1.00
	TOTALS		360,911	0			
G - HOME HEALTH SOCIAL WORKER							
1.00	NURSING ADMINISTRATION	13.00	773	0	0		1.00
	TOTALS		773	0			
H - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,370,603	0		1.00
	TOTALS		0	2,370,603			
I - DRUGS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,793	0		1.00
2.00	PHARMACY	15.00	0	6,488,881	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	29,682	0		3.00
4.00	OPERATING ROOM	50.00	0	224	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,789	0		5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	111,738	0		6.00
7.00	CT SCAN	57.00	0	63,815	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	26,735	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	5,615	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	51	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	40,920	0		11.00
12.00	WOUND CARE (DIABETES CENTER)	76.00	0	585	0		12.00
13.00	PAIN MANAGEMENT	76.03	0	23,811	0		13.00
14.00	OBGYN	90.03	0	24,431	0		14.00
15.00	EMERGENCY	91.00	0	2,059	0		15.00
	TOTALS		0	6,850,129			
J - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,773	0		2.00
3.00	DIETARY	10.00	0	2,674	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,022,379	0		4.00
5.00	PHARMACY	15.00	0	162,678	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	557,758	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	166,316	0		7.00
8.00	OPERATING ROOM	50.00	0	1,233,942	0		8.00
9.00	RECOVERY ROOM	51.00	0	5,186	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	81	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,973	0		11.00
12.00	ULTRA SOUND	54.01	0	34,405	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	542	0		13.00
14.00	CT SCAN	57.00	0	92,167	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,372	0		15.00
16.00	LABORATORY	60.00	0	1,527,668	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	12,564	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	177,773	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	9,532	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	23,467	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	3,488	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	25,099	0		22.00
23.00	WOUND CARE (DIABETES CENTER)	76.00	0	42,338	0		23.00
24.00	PAIN MANAGEMENT	76.03	0	8,444	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	3,980	0		25.00

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RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6

Date/Time Prepared:
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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
26.00	PALLIATIVE HEALTH	90.01	0	9	0		26.00	
27.00	VEIN CENTER	90.02	0	10,669	0		27.00	
28.00	OBGYN	90.03	0	236,123	0		28.00	
29.00	EMERGENCY	91.00	0	101,217	0		29.00	
30.00	BEHAVIORAL HEALTH	93.00	0	30	0		30.00	
	TOTALS		0	10,530,716				
500.00	Grand Total: Decreases		2,400,424	24,942,806			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part I
Date/Time Prepared:
5/18/2018 10:30 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,026,498	478,633	0	478,633	0 1.00
2.00	Land Improvements	3,962,746	562,628	0	562,628	9,243 2.00
3.00	Buildings and Fixtures	83,617,904	6,401,627	0	6,401,627	600,503 3.00
4.00	Building Improvements	0	3,999,418	0	3,999,418	0 4.00
5.00	Fixed Equipment	5,325,703	29,848	0	29,848	64,107 5.00
6.00	Movable Equipment	46,411,272	5,666,159	0	5,666,159	3,406,395 6.00
7.00	HIT designated Assets	3,775,424	0	0	0	46,652 7.00
8.00	Subtotal (sum of lines 1-7)	151,119,547	17,138,313	0	17,138,313	4,126,900 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	151,119,547	17,138,313	0	17,138,313	4,126,900 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,505,131	0			1.00
2.00	Land Improvements	4,516,131	0			2.00
3.00	Buildings and Fixtures	89,419,028	0			3.00
4.00	Building Improvements	3,999,418	0			4.00
5.00	Fixed Equipment	5,291,444	0			5.00
6.00	Movable Equipment	48,671,036	0			6.00
7.00	HIT designated Assets	3,728,772	0			7.00
8.00	Subtotal (sum of lines 1-7)	164,130,960	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	164,130,960	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,908,050	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,908,050	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,908,050				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,908,050				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part III
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	115,459,924	0	115,459,924	0.703462	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	48,671,036	0	48,671,036	0.296538	0	2.00
3.00	Total (sum of lines 1-2)	164,130,960	0	164,130,960	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,222,097	-74,671	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,685,953	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,908,050	-74,671	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	108,960	0	0	4,256,386	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	45,931	0	0	3,731,884	2.00
3.00	Total (sum of lines 1-2)	0	154,891	0	0	7,988,270	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0065

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

Worksheet A-8

Date/Time Prepared:
5/18/2018 10:30 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-754,221	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-65,081	ADMINISTRATIVE & GENERAL		5.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-74,671	CAP REL COSTS-BLDG & FIXT		1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-1,070	ADMINISTRATIVE & GENERAL		5.00		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	-11,947,467					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	0					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-390,435	CAFETERIA		11.00		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	-1,797	DRUGS CHARGED TO PATIENTS		73.00		0 17.00
18.00	Sale of medical records and abstracts	B	-20,553	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	-6,704	ADMINISTRATIVE & GENERAL		5.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist	A	-360,911	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant		0			0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00	HOSPITAL ASSESSMENT FEE	A	-5,216,041	ADMINISTRATIVE & GENERAL		5.00		0 33.00

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ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0065

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

Worksheet A-8

Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01	MARKETING DIETARY	A	-118	DIETARY	10.00	0 33.01
33.02	MARKETING PHYS PRACTICE	A	-4,090	PHYSICIAN PRIVATE PRACTICE	18.00	0 33.02
34.00	MARKETING A&P	A	-1,923	ADULTS & PEDIATRICS	30.00	0 34.00
35.00	MARKETING OPERATING ROOM	A	-399	OPERATING ROOM	50.00	0 35.00
36.00	MARKETING RADIOLOGY	A	-2,416	RADIOLOGY-DIAGNOSTIC	54.00	0 36.00
37.00	MARKETING PHYSICAL THERAPY	A	-2,544	PHYSICAL THERAPY	66.00	0 37.00
37.01	MARKETING OCCUPATIONAL THERAPY	A	-147	OCCUPATIONAL THERAPY	67.00	0 37.01
37.02	MARKETING SPEECH THERAPY	A	-49	SPEECH PATHOLOGY	68.00	0 37.02
37.03	MARKETING WOUND CARE	A	-98	WOUND CARE (DIABETES CENTER)	76.00	0 37.03
37.04	MARKETING BARIATRIC	A	-90	CASE MANAGEMENT	76.02	0 37.04
37.05	MARKETING PAIN MANAGEMENT	A	-90	PAIN MANAGEMENT	76.03	0 37.05
37.06	MARKETING OB GYN	A	-1,909	OBGYN	90.03	0 37.06
37.07	MARKETING EMERGENCY ROOM	A	-815	EMERGENCY	91.00	0 37.07
37.08	PHYSICAN RECRUITMENT	A	-2,017,700	ADMINISTRATIVE & GENERAL	5.00	0 37.08
37.09	MISC INCOME - DIETARY	B	-27,621	DIETARY	10.00	0 37.09
37.10	MISC INCOME - DRUGS	B	-164,136	DRUGS CHARGED TO PATIENTS	73.00	0 37.10
38.00	MISC INCOME - ADMIN & GENERAL	B	-101,436	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	MISC INCOME - RESPIRATORY THERAPY	B	-825	RESPIRATORY THERAPY	65.00	0 39.00
39.01	LOBBYING DUES	A	-7,702	ADMINISTRATIVE & GENERAL	5.00	0 39.01
39.02	TELEPHONE OPERATOR BENEFITS	A	-135	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.02
39.03	CRNA OFFSET - BENEFITS	A	-73,048	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.03
39.04	APRN OFFSET - GENERAL ADMIN	A	-378,089	ADMINISTRATIVE & GENERAL	5.00	0 39.04
39.05	APRN OFFSET - A&P	A	-88,390	ADULTS & PEDIATRICS	30.00	0 39.05
39.06	APRN OFFSET - RADIOLOGY	A	-14,216	RADIOLOGY-DIAGNOSTIC	54.00	0 39.06
39.07	APRN OFFSET - BARIATRIC	A	-115,484	CASE MANAGEMENT	76.02	0 39.07
39.08	APRN OFFSET - PAIN MANAGEMENT	A	-180,144	PAIN MANAGEMENT	76.03	0 39.08
39.09	APRN OFFSET - PALLIATIVE	A	-212,851	PALLIATIVE HEALTH	90.01	0 39.09
39.10	APRN OFFSET - OBGYN	A	-100,341	OBGYN	90.03	0 39.10
39.11	APRN OFFSET - EMERGENCY ROOM	A	-186,991	EMERGENCY	91.00	0 39.11
39.12	APRN OFFSET - MENTAL HEALTH	A	-14,033	BEHAVIORAL HEALTH	93.00	0 39.12
39.13	APRN OFFSET - BENEFITS	A	-261,205	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,797,986			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0065

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

Worksheet A-8-2

Date/Time Prepared:
5/18/2018 10:30 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	28,409	28,409	0	211,500	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	47,861	4,875	42,986	211,500	163	2.00
3.00	13.00	NURSING ADMINISTRATION	1,750	1,750	0	211,500	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	601,636	601,636	0	211,500	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	62,285	62,285	0	211,500	0	5.00
6.00	50.00	OPERATING ROOM	557,850	557,850	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,393,787	3,393,787	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	771,746	539,675	232,071	271,900	935	8.00
9.00	57.00	CT SCAN	6,664	6,664	0	211,500	0	9.00
10.00	60.00	LABORATORY	230,000	0	230,000	260,300	1,660	10.00
11.00	65.00	RESPIRATORY THERAPY	465,792	465,792	0	211,500	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	211,500	72	12.00
13.00	76.02	CASE MANAGEMENT	388,577	388,577	0	211,500	0	13.00
14.00	76.03	PAIN MANAGEMENT	723,939	723,939	0	211,500	0	14.00
15.00	90.01	PALLIATIVE HEALTH	10,822	10,822	0	211,500	0	15.00
16.00	90.02	VEIN CENTER	243,594	243,594	0	211,500	0	16.00
17.00	90.03	OBGYN	1,979,501	1,979,501	0	211,500	0	17.00
18.00	91.00	EMERGENCY	2,524,916	2,524,916	0	211,500	0	18.00
19.00	93.00	BEHAVIORAL HEALTH	253,196	253,196	0	211,500	0	19.00
200.00			12,301,325	11,787,268	514,057		2,830	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	16,574	829	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	122,224	6,111	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	207,739	10,387	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	7,321	366	0	0	0	12.00
13.00	76.02	CASE MANAGEMENT	0	0	0	0	0	13.00
14.00	76.03	PAIN MANAGEMENT	0	0	0	0	0	14.00
15.00	90.01	PALLIATIVE HEALTH	0	0	0	0	0	15.00
16.00	90.02	VEIN CENTER	0	0	0	0	0	16.00
17.00	90.03	OBGYN	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	93.00	BEHAVIORAL HEALTH	0	0	0	0	0	19.00
200.00			353,858	17,693	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	28,409	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	16,574	26,412	31,287	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	1,750	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	601,636	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	62,285	5.00
6.00	50.00	OPERATING ROOM	0	0	0	557,850	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,393,787	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	122,224	109,847	649,522	8.00
9.00	57.00	CT SCAN	0	0	0	6,664	9.00
10.00	60.00	LABORATORY	0	207,739	22,261	22,261	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	465,792	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	7,321	1,679	1,679	12.00
13.00	76.02	CASE MANAGEMENT	0	0	0	388,577	13.00
14.00	76.03	PAIN MANAGEMENT	0	0	0	723,939	14.00
15.00	90.01	PALLIATIVE HEALTH	0	0	0	10,822	15.00
16.00	90.02	VEIN CENTER	0	0	0	243,594	16.00
17.00	90.03	OBGYN	0	0	0	1,979,501	17.00
18.00	91.00	EMERGENCY	0	0	0	2,524,916	18.00
19.00	93.00	BEHAVIORAL HEALTH	0	0	0	253,196	19.00
200.00			0	353,858	160,199	11,947,467	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,256,386	4,256,386			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,731,884		3,731,884		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,089,310	20,175	121	17,109,606	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,443,176	389,572	363,600	2,142,905	5.00
7.00 00700	OPERATION OF PLANT	3,578,412	242,684	1,589,889	384,360	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	332,079	14,816	831	12,810	8.00
9.00 00900	HOUSEKEEPING	1,231,673	22,165	1,793	263,215	9.00
10.00 01000	DIETARY	253,890	85,009	20,371	43,662	10.00
11.00 01100	CAFETERIA	609,658	0	0	155,049	11.00
13.00 01300	NURSING ADMINISTRATION	2,890,639	92,723	60,678	608,878	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	928,485	79,615	53,647	202,495	14.00
15.00 01500	PHARMACY	3,123,116	33,412	18,778	339,500	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,233,783	21,765	5,178	277,758	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	382,049	0	0	104,778	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	102,364	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,249,002	725,544	213,800	1,493,622	30.00
31.00 03100	INTENSIVE CARE UNIT	1,154,315	68,968	76,330	290,199	31.00
43.00 04300	NURSERY	566,192	9,516	0	146,554	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,335,442	303,962	437,741	806,887	50.00
51.00 05100	RECOVERY ROOM	486,634	59,676	870	126,857	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,068,748	69,651	0	276,637	52.00
53.00 05300	ANESTHESIOLOGY	-453,597	1,013	40,436	800,533	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,078,518	305,222	399,168	672,970	54.00
54.01 03630	ULTRA SOUND	307,012	12,272	16,924	76,117	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	130,301	5,323	74	23,293	54.02
57.00 05700	CT SCAN	579,688	14,486	31,843	78,210	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	336,435	10,211	2,803	51,947	58.00
60.00 06000	LABORATORY	3,171,305	66,672	55,957	439,638	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	281,382	6,207	448	0	63.00
64.00 06400	INTRAVENOUS THERAPY	250,764	48,240	34,258	69,417	64.00
65.00 06500	RESPIRATORY THERAPY	1,113,533	59,935	21,411	390,385	65.00
66.00 06600	PHYSICAL THERAPY	1,114,748	147,476	11,623	303,141	66.00
67.00 06700	OCCUPATIONAL THERAPY	376,821	5,853	86	103,816	67.00
68.00 06800	SPEECH PATHOLOGY	234,005	4,640	686	64,927	68.00
69.00 06900	ELECTROCARDIOLOGY	235,940	16,229	15,897	37,681	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,163,537	0	1,360	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,370,603	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,684,155	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	231,668	24,520	687	62,868	76.00
76.02 03951	CASE MANAGEMENT	33,890	25,039	235	148,220	76.02
76.03 03950	PAIN MANAGEMENT	622,415	63,292	2,584	367,261	76.03
76.97 07697	CARDIAC REHABILITATION	422,334	25,922	5,405	117,912	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	57,293	3,710	0	75,041	90.01
90.02 09002	VEIN CENTER	152,171	2,933	4,293	102,206	90.02
90.03 09003	OBGYN	263,045	83,949	77,797	643,488	90.03
91.00 09100	EMERGENCY	2,757,419	170,996	23,853	1,437,620	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	257,420	14,651	6,544	145,808	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,462,381	19,904	881	374,987	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	807,398	27,206	0	178,690	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	101,987,457	3,405,154	3,598,880	14,544,706	98,438,321
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,992	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,369,010	314,962	45,357	845,061	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	597,467	0	0	0	194.01
194.02 07952	EXTERNAL SVCS MARKETING	957,852	22,730	335	56,382	194.02
194.03 07953	WASHINGTON CLINIC	197,375	49,712	0	55,981	194.03
194.04 07954	PHYSICIAN OFFICES	947,828	53,787	5,342	224,186	194.04
194.05 07955	INTEGRATED MEDICINE	503,589	42,399	1,686	104,984	194.05

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.06 07956 SURGI CAL PROFESSIONAL	1,144,392	31,669	966	300,961	1,477,988	194.06
194.07 07957 PRIMARY CARE	3,373,728	236,277	50,879	734,125	4,395,009	194.07
194.08 07958 EMPLOYER CLINIC	905,724	61,219	1,359	206,915	1,175,217	194.08
194.09 07959 UROLOGY PROF	662,703	24,485	27,080	36,305	750,573	194.09
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)	114,647,125	4,256,386	3,731,884	17,109,606	114,647,125	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/18/2018 10:30 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,339,253					5.00
7.00	00700	OPERATION OF PLANT	1,032,673	6,828,018				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,244	28,070	452,850			8.00
9.00	00900	HOUSEKEEPING	270,643	41,994	2,533	1,834,016		9.00
10.00	01000	DIETARY	71,798	161,057	0	43,709	679,496	10.00
11.00	01100	CAFETERIA	136,263	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	650,913	175,672	0	47,675	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	225,275	150,838	0	40,935	0	14.00
15.00	01500	PHARMACY	626,303	63,303	0	17,179	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	274,142	41,235	0	11,191	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	86,748	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	18,240	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,368,850	1,374,609	246,615	373,050	601,272	30.00
31.00	03100	INTENSIVE CARE UNIT	283,289	130,667	21,995	35,461	78,224	31.00
43.00	04300	NURSERY	128,700	18,029	10,301	4,893	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,048,476	575,883	46,593	156,287	0	50.00
51.00	05100	RECOVERY ROOM	120,107	113,061	0	30,683	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	252,145	131,961	3,683	35,812	0	52.00
53.00	05300	ANESTHESIOLOGY	69,206	1,919	0	521	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	793,993	578,271	38,581	156,935	0	54.00
54.01	03630	ULTRA SOUND	73,472	23,250	0	6,310	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	28,331	10,086	0	2,737	0	54.02
57.00	05700	CT SCAN	125,486	27,445	0	7,448	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,525	19,346	0	5,250	0	58.00
60.00	06000	LABORATORY	665,285	126,315	0	34,280	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	51,325	11,759	0	3,191	0	63.00
64.00	06400	INTRAVENOUS THERAPY	71,753	91,395	0	24,803	0	64.00
65.00	06500	RESPIRATORY THERAPY	282,478	113,552	0	30,817	0	65.00
66.00	06600	PHYSICAL THERAPY	281,003	279,407	22,256	75,827	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,703	11,090	0	3,010	0	67.00
68.00	06800	SPEECH PATHOLOGY	54,216	8,791	0	2,386	0	68.00
69.00	06900	ELECTROCARDIOLOGY	54,481	30,748	20,227	8,345	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,454,865	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	422,418	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,191,050	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	56,975	46,456	0	12,608	0	76.00
76.02	03951	CASE MANAGEMENT	36,954	47,438	0	12,874	0	76.02
76.03	03950	PAIN MANAGEMENT	188,089	119,912	0	32,542	0	76.03
76.97	07697	CARDIAC REHABILITATION	101,849	49,112	0	13,328	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	24,242	7,029	0	1,907	0	90.01
90.02	09002	VEIN CENTER	46,615	5,556	0	1,508	0	90.02
90.03	09003	OBGYN	190,357	159,049	0	43,164	0	90.03
91.00	09100	EMERGENCY	782,234	323,966	40,066	87,920	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	75,628	27,758	0	7,533	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	331,104	37,709	0	10,234	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	180,559	51,544	0	13,988	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,451,005	5,215,282	452,850	1,396,341	679,496	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,493	26,508	0	7,194	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	815,111	596,724	0	161,943	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	106,463	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	184,836	43,065	0	11,687	0	194.02
194.03	07953	WASHINGTON CLINIC	54,004	94,184	0	25,560	0	194.03
194.04	07954	PHYSICIAN OFFICES	219,377	101,905	0	27,656	0	194.04
194.05	07955	INTEGRATED MEDICINE	116,297	80,328	0	21,800	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	263,363	60,000	0	16,283	0	194.06
194.07	07957	PRIMARY CARE	783,147	447,649	0	121,486	0	194.07
194.08	07958	EMPLOYER CLINIC	209,412	115,984	0	31,477	0	194.08
194.09	07959	UROLOGY PROF	133,745	46,389	0	12,589	0	194.09
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	17,339,253	6,828,018	452,850	1,834,016	679,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/18/2018 10:30 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	900,970					11.00
13.00	01300	NURSING ADMINISTRATION	40,967	4,568,145				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,353	220,788	1,926,431			14.00
15.00	01500	PHARMACY	19,773	179,266	2,732	4,423,362		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,678	0	2,867	0	1,897,597	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	4,985	0	307	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,827	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,534	1,083,698	13,375	0	48,430	30.00
31.00	03100	INTENSIVE CARE UNIT	23,281	211,062	974	0	8,315	31.00
43.00	04300	NURSERY	10,717	97,161	0	0	5,948	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,982	589,124	25,509	0	497,413	50.00
51.00	05100	RECOVERY ROOM	8,786	0	304	0	50,813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,228	183,389	0	0	40,431	52.00
53.00	05300	ANESTHESIOLOGY	9,934	0	375	0	35,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,069	399,526	3,794	0	104,797	54.00
54.01	03630	ULTRA SOUND	4,393	0	259	0	25,672	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,342	0	25	0	10,628	54.02
57.00	05700	CT SCAN	5,153	0	463	0	210,805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,503	0	30	0	54,864	58.00
60.00	06000	LABORATORY	44,905	407,111	5,629	0	277,124	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4,160	63.00
64.00	06400	INTRAVENOUS THERAPY	5,028	0	835	0	7,785	64.00
65.00	06500	RESPIRATORY THERAPY	27,400	0	1,824	0	35,370	65.00
66.00	06600	PHYSICAL THERAPY	26,439	239,700	1,864	0	26,880	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,907	0	616	0	13,216	67.00
68.00	06800	SPEECH PATHOLOGY	4,030	0	264	0	4,599	68.00
69.00	06900	ELECTROCARDIOLOGY	2,900	26,291	440	0	41,081	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,364,631	0	48,403	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	396,275	0	29,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,423,362	121,948	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	4,464	0	395	0	5,918	76.00
76.02	03951	CASE MANAGEMENT	4,691	0	228	0	1,117	76.02
76.03	03950	PAIN MANAGEMENT	17,518	0	361	0	17,049	76.03
76.97	07697	CARDIAC REHABILITATION	8,384	0	282	0	1,533	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	4,036	0	33	0	325	90.01
90.02	09002	VEIN CENTER	5,098	0	574	0	10,353	90.02
90.03	09003	OBGYN	24,295	0	4,242	0	8,525	90.03
91.00	09100	EMERGENCY	78,553	712,157	4,852	0	120,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	5,776	0	499	0	3,050	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	24,142	218,872	1,589	0	14,089	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,925	0	1,760	0	12,470	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	745,996	4,568,145	1,838,207	4,423,362	1,897,597	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,332	0	28,508	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	4,173	0	1,376	0	0	194.02
194.03	07953	WASHINGTON CLINIC	7,940	0	0	7,940	0	194.03
194.04	07954	PHYSICIAN OFFICES	13,883	0	4,759	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	3,814	0	19,948	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	7,933	0	819	0	0	194.06
194.07	07957	PRIAMRY CARE	55,382	0	20,631	0	0	194.07
194.08	07958	EMPLOYER CLINIC	16,214	0	7,464	0	0	194.08
194.09	07959	UROLOGY PROF	5,303	0	4,719	0	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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)	900,970	4,568,145	1,926,431	4,423,362	1,897,597	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
From 01/01/2017
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	PHYSICIAN PRIVATE PRACTICE				
	18.00	19.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
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
18.00 01850 PHYSICIAN PRIVATE PRACTICE	578,867				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	123,431			19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	12,911,401	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	2,383,080	0	31.00
43.00 04300 NURSERY	0	0	998,011	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	8,888,299	0	50.00
51.00 05100 RECOVERY ROOM	0	0	997,791	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,082,685	0	52.00
53.00 05300 ANESTHESIOLOGY	0	123,431	628,803	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	6,575,844	0	54.00
54.01 03630 ULTRA SOUND	0	0	545,681	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	212,140	0	54.02
57.00 05700 CT SCAN	0	0	1,081,027	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	555,914	0	58.00
60.00 06000 LABORATORY	0	0	5,294,221	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	358,472	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	604,278	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	2,076,705	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,530,364	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	608,118	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	378,544	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	490,260	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	11,032,796	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	3,218,397	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	12,420,515	0	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0	446,559	0	76.00
76.02 03951 CASE MANAGEMENT	0	0	310,686	0	76.02
76.03 03950 PAIN MANAGEMENT	0	0	1,431,023	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	746,061	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 PALLIATIVE HEALTH	12,399	0	186,015	0	90.01
90.02 09002 VEIN CENTER	15,663	0	346,970	0	90.02
90.03 09003 OBGYN	74,646	0	1,572,557	0	90.03
91.00 09100 EMERGENCY	0	0	6,539,989	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04952 BEHAVIORAL HEALTH	0	0	544,667	0	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY	0	0	2,495,892	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPICE	0		1,286,540	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	102,708	123,431	92,780,305	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	50,187	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	123,921	0	6,340,929	0	192.00
194.00 07950 WELLNESS	0	0	0	0	194.00
194.01 07951 JACKSON MOB	0	0	703,930	0	194.01
194.02 07952 EXTERNAL SVCS MARKETING	12,823	0	1,295,259	0	194.02
194.03 07953 WASHINGTON CLINIC	24,396	0	509,152	0	194.03
194.04 07954 PHYSICIAN OFFICES	42,654	0	1,641,377	0	194.04
194.05 07955 INTEGRATED MEDICINE	11,717	0	906,562	0	194.05

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
194.06 07956 SURGICAL PROFESSIONAL	24,374	0	1,850,760	0	1,850,760	194.06
194.07 07957 PRIMARY CARE	170,162	0	5,993,466	0	5,993,466	194.07
194.08 07958 EMPLOYER CLINIC	49,818	0	1,605,586	0	1,605,586	194.08
194.09 07959 UROLOGY PROF	16,294	0	969,612	0	969,612	194.09
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	578,867	123,431	114,647,125	0	114,647,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,175	121	20,296	20,296 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,270	389,572	363,600	767,442	2,565 5.00
7.00 00700	OPERATION OF PLANT	11,068	242,684	1,589,889	1,843,641	455 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	14,816	831	15,647	15 8.00
9.00 00900	HOUSEKEEPING	5,493	22,165	1,793	29,451	312 9.00
10.00 01000	DIETARY	3,974	85,009	20,371	109,354	52 10.00
11.00 01100	CAFETERIA	0	0	0	0	184 11.00
13.00 01300	NURSING ADMINISTRATION	0	92,723	60,678	153,401	721 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	79,615	53,647	133,262	240 14.00
15.00 01500	PHARMACY	0	33,412	18,778	52,190	402 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	21,765	5,178	26,943	329 16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	124 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	121 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,344	725,544	213,800	946,688	1,769 30.00
31.00 03100	INTENSIVE CARE UNIT	1,606	68,968	76,330	146,904	344 31.00
43.00 04300	NURSERY	0	9,516	0	9,516	174 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	183,899	303,962	437,741	925,602	956 50.00
51.00 05100	RECOVERY ROOM	0	59,676	870	60,546	150 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	69,651	0	69,651	328 52.00
53.00 05300	ANESTHESIOLOGY	0	1,013	40,436	41,449	948 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	305,222	399,168	704,390	797 54.00
54.01 03630	ULTRA SOUND	0	12,272	16,924	29,196	90 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,323	74	5,397	28 54.02
57.00 05700	CT SCAN	0	14,486	31,843	46,329	93 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,211	2,803	13,014	62 58.00
60.00 06000	LABORATORY	135,440	66,672	55,957	258,069	521 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,207	448	6,655	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	48,240	34,258	82,498	82 64.00
65.00 06500	RESPIRATORY THERAPY	3,275	59,935	21,411	84,621	462 65.00
66.00 06600	PHYSICAL THERAPY	0	147,476	11,623	159,099	359 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,853	86	5,939	123 67.00
68.00 06800	SPEECH PATHOLOGY	0	4,640	686	5,326	77 68.00
69.00 06900	ELECTROCARDIOLOGY	2,400	16,229	15,897	34,526	45 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,360	1,360	0 71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	11,414	24,520	687	36,621	74 76.00
76.02 03951	CASE MANAGEMENT	0	25,039	235	25,274	176 76.02
76.03 03950	PAIN MANAGEMENT	0	63,292	2,584	65,876	435 76.03
76.97 07697	CARDIAC REHABILITATION	0	25,922	5,405	31,327	140 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PALLIATIVE HEALTH	0	3,710	0	3,710	89 90.01
90.02 09002	VEIN CENTER	0	2,933	4,293	7,226	121 90.02
90.03 09003	OBGYN	0	83,949	77,797	161,746	762 90.03
91.00 09100	EMERGENCY	34	170,996	23,853	194,883	1,703 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIORAL HEALTH	0	14,651	6,544	21,195	173 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	19,904	881	20,785	444 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	61,586	27,206	0	88,792	212 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	441,803	3,405,154	3,598,880	7,445,837	17,257 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,992	0	13,992	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,330	314,962	45,357	363,649	1,001 192.00
194.00 07950	WELLNESS	0	0	0	0	0 194.00
194.01 07951	JACKSON MOB	0	0	0	0	0 194.01
194.02 07952	EXTERNAL SVCS MARKETING	0	22,730	335	23,065	67 194.02
194.03 07953	WASHINGTON CLINIC	0	49,712	0	49,712	66 194.03
194.04 07954	PHYSICIAN OFFICES	90	53,787	5,342	59,219	266 194.04
194.05 07955	INTEGRATED MEDICINE	0	42,399	1,686	44,085	124 194.05
194.06 07956	SURGICAL PROFESSIONAL	0	31,669	966	32,635	357 194.06

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.07 07957 PRIMARY CARE	1,319	236,277	50,879	288,475	870	194.07
194.08 07958 EMPLOYER CLINIC	0	61,219	1,359	62,578	245	194.08
194.09 07959 UROLOGY PROF	0	24,485	27,080	51,565	43	194.09
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)	446,542	4,256,386	3,731,884	8,434,812	20,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/18/2018 10:30 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	770,007				5.00
7.00	00700	OPERATION OF PLANT	45,859	1,889,955			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,853	7,770	26,285		8.00
9.00	00900	HOUSEKEEPING	12,019	11,624	147	53,553	9.00
10.00	01000	DIETARY	3,188	44,580	0	1,276	158,450
11.00	01100	CAFETERIA	6,051	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	28,906	48,625	0	1,392	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,004	41,751	0	1,195	0
15.00	01500	PHARMACY	27,813	17,522	0	502	0
16.00	01600	MEDICAL RECORDS & LIBRARY	12,174	11,414	0	327	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	3,852	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	810	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,787	380,478	14,314	10,895	140,209
31.00	03100	INTENSIVE CARE UNIT	12,580	36,168	1,277	1,035	18,241
43.00	04300	NURSERY	5,715	4,990	598	143	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,560	159,401	2,704	4,564	0
51.00	05100	RECOVERY ROOM	5,334	31,295	0	896	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,197	36,526	214	1,046	0
53.00	05300	ANESTHESIOLOGY	3,073	531	0	15	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,259	160,062	2,239	4,582	0
54.01	03630	ULTRA SOUND	3,263	6,436	0	184	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,258	2,792	0	80	0
57.00	05700	CT SCAN	5,573	7,597	0	217	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,176	5,355	0	153	0
60.00	06000	LABORATORY	29,544	34,963	0	1,001	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,279	3,255	0	93	0
64.00	06400	INTRAVENOUS THERAPY	3,186	25,298	0	724	0
65.00	06500	RESPIRATORY THERAPY	12,544	31,431	0	900	0
66.00	06600	PHYSICAL THERAPY	12,479	77,338	1,292	2,214	0
67.00	06700	OCCUPATIONAL THERAPY	3,850	3,070	0	88	0
68.00	06800	SPEECH PATHOLOGY	2,408	2,433	0	70	0
69.00	06900	ELECTROCARDIOLOGY	2,419	8,511	1,174	244	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	64,620	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,759	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	52,892	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	2,530	12,859	0	368	0
76.02	03951	CASE MANAGEMENT	1,641	13,131	0	376	0
76.03	03950	PAIN MANAGEMENT	8,353	33,191	0	950	0
76.97	07697	CARDIAC REHABILITATION	4,523	13,594	0	389	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PALLIATIVE HEALTH	1,077	1,945	0	56	0
90.02	09002	VEIN CENTER	2,070	1,538	0	44	0
90.03	09003	OBGYN	8,453	44,024	0	1,260	0
91.00	09100	EMERGENCY	34,737	89,672	2,326	2,567	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04952	BEHAVIORAL HEALTH	3,358	7,683	0	220	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	14,704	10,438	0	299	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	8,018	14,267	0	408	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	641,748	1,443,558	26,285	40,773	158,450
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	111	7,337	0	210	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,197	165,170	0	4,729	0
194.00	07950	WELLNESS	0	0	0	0	0
194.01	07951	JACKSON MOB	4,728	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	8,208	11,920	0	341	0
194.03	07953	WASHINGTON CLINIC	2,398	26,070	0	746	0
194.04	07954	PHYSICIAN OFFICES	9,742	28,207	0	808	0
194.05	07955	INTEGRATED MEDICINE	5,164	22,234	0	637	0
194.06	07956	SURGICAL PROFESSIONAL	11,695	16,608	0	475	0
194.07	07957	PRIMARY CARE	34,778	123,907	0	3,547	0
194.08	07958	EMPLOYER CLINIC	9,299	32,104	0	919	0
194.09	07959	UROLOGY PROF	5,939	12,840	0	368	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/18/2018 10:30 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	770,007	1,889,955	26,285	53,553	158,450	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/18/2018 10:30 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	6,235					11.00
13.00	01300	NURSING ADMINISTRATION	283	233,328				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169	11,277	197,898			14.00
15.00	01500	PHARMACY	137	9,156	281	108,003		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	205	0	294	0	51,686	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	34	0	32	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	20	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	828	55,353	1,374	0	1,322	30.00
31.00	03100	INTENSIVE CARE UNIT	161	10,780	100	0	227	31.00
43.00	04300	NURSERY	74	4,963	0	0	162	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	450	30,091	2,620	0	13,459	50.00
51.00	05100	RECOVERY ROOM	61	0	31	0	1,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140	9,367	0	0	1,104	52.00
53.00	05300	ANESTHESIOLOGY	69	0	39	0	956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305	20,407	390	0	2,861	54.00
54.01	03630	ULTRA SOUND	30	0	27	0	701	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9	0	3	0	290	54.02
57.00	05700	CT SCAN	36	0	48	0	5,755	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24	0	3	0	1,498	58.00
60.00	06000	LABORATORY	311	20,794	578	0	7,566	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	114	63.00
64.00	06400	INTRAVENOUS THERAPY	35	0	86	0	213	64.00
65.00	06500	RESPIRATORY THERAPY	190	0	187	0	966	65.00
66.00	06600	PHYSICAL THERAPY	183	12,243	191	183	734	66.00
67.00	06700	OCCUPATIONAL THERAPY	48	0	63	0	361	67.00
68.00	06800	SPEECH PATHOLOGY	28	0	27	0	126	68.00
69.00	06900	ELECTROCARDIOLOGY	20	1,343	45	0	1,122	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	140,187	0	1,321	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	40,708	0	794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	108,003	3,329	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	31	0	41	0	162	76.00
76.02	03951	CASE MANAGEMENT	32	0	23	0	30	76.02
76.03	03950	PAIN MANAGEMENT	121	0	37	0	465	76.03
76.97	07697	CARDIAC REHABILITATION	58	0	29	0	42	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	28	0	3	0	9	90.01
90.02	09002	VEIN CENTER	35	0	59	0	283	90.02
90.03	09003	OBGYN	168	0	436	0	233	90.03
91.00	09100	EMERGENCY	544	36,375	498	0	3,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	40	0	51	0	83	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	167	11,179	163	0	385	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	89	0	181	0	340	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,163	233,328	188,835	108,003	51,686	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	279	0	2,929	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	29	0	141	0	0	194.02
194.03	07953	WASHINGTON CLINIC	55	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	96	0	489	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	26	0	2,049	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	55	0	84	0	0	194.06
194.07	07957	PRIMARY CARE	383	0	2,119	0	0	194.07
194.08	07958	EMPLOYER CLINIC	112	0	767	0	0	194.08
194.09	07959	UROLOGY PROF	37	0	485	0	0	194.09

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

Period:
From 01/01/2017
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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)	6,235	233,328	197,898	108,003	51,686	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

Period:
From 01/01/2017
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Part II
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
18.00 01850	PHYSICIAN PRIVATE PRACTICE	4,042				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	951			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0		1,614,017	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0		227,817	0	31.00
43.00 04300	NURSERY	0		26,335	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0		1,186,407	0	50.00
51.00 05100	RECOVERY ROOM	0		99,700	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		129,573	0	52.00
53.00 05300	ANESTHESIOLOGY	0		47,080	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		931,292	0	54.00
54.01 03630	ULTRA SOUND	0		39,927	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		9,857	0	54.02
57.00 05700	CT SCAN	0		65,648	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0		23,285	0	58.00
60.00 06000	LABORATORY	0		353,347	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0		12,396	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0		112,122	0	64.00
65.00 06500	RESPIRATORY THERAPY	0		131,301	0	65.00
66.00 06600	PHYSICAL THERAPY	0		266,132	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0		13,542	0	67.00
68.00 06800	SPEECH PATHOLOGY	0		10,495	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0		49,449	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		207,488	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		60,261	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		164,224	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0		52,686	0	76.00
76.02 03951	CASE MANAGEMENT	0		40,683	0	76.02
76.03 03950	PAIN MANAGEMENT	0		109,428	0	76.03
76.97 07697	CARDIAC REHABILITATION	0		50,102	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0		0	0	90.00
90.01 09001	PALLIATIVE HEALTH	87		7,004	0	90.01
90.02 09002	VEIN CENTER	109		11,485	0	90.02
90.03 09003	OBGYN	521		217,603	0	90.03
91.00 09100	EMERGENCY	0		366,591	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0		32,803	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0		58,564	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0		0	0	113.00
116.00 11600	HOSPICE	0		112,307	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	717	0	6,840,951	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		21,650	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	865		574,819	0	192.00
194.00 07950	WELLNESS	0		0	0	194.00
194.01 07951	JACKSON MOB	0		4,728	0	194.01
194.02 07952	EXTERNAL SVCS MARKETING	90		43,861	0	194.02
194.03 07953	WASHINGTON CLINIC	170		79,217	0	194.03
194.04 07954	PHYSICIAN OFFICES	298		99,125	0	194.04
194.05 07955	INTEGRATED MEDICINE	82		74,401	0	194.05

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ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
194.06 07956 SURGICAL PROFESSIONAL	170		62,079	0	62,079	194.06
194.07 07957 PRIMARY CARE	1,188		455,267	0	455,267	194.07
194.08 07958 EMPLOYER CLINIC	348		106,372	0	106,372	194.08
194.09 07959 UROLOGY PROF	114		71,391	0	71,391	194.09
200.00 Cross Foot Adjustments		951	951	0	951	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,042	951	8,434,812	0	8,434,812	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period:
From 01/01/2017
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Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	361,404				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,795,693			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,713	252	60,324,568		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,078	759,540	7,555,431	-17,339,253	5.00
7.00 00700	OPERATION OF PLANT	20,606	3,321,186	1,355,165	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,258	1,736	45,165	0	8.00
9.00 00900	HOUSEKEEPING	1,882	3,745	928,035	0	9.00
10.00 01000	DIETARY	7,218	42,553	153,943	0	10.00
11.00 01100	CAFETERIA	0	0	546,667	0	11.00
13.00 01300	NURSING ADMINISTRATION	7,873	126,753	2,146,762	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,760	112,065	713,952	0	14.00
15.00 01500	PHARMACY	2,837	39,226	1,197,000	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,848	10,817	979,311	0	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	369,423	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	360,911	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,605	446,617	5,266,166	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,856	159,449	1,023,174	0	31.00
43.00 04300	NURSERY	808	0	516,716	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,809	914,415	2,844,898	0	50.00
51.00 05100	RECOVERY ROOM	5,067	1,817	447,270	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,914	0	975,357	0	52.00
53.00 05300	ANESTHESIOLOGY	86	84,468	2,822,495	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,916	833,840	2,372,739	0	54.00
54.01 03630	ULTRA SOUND	1,042	35,354	268,371	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	155	82,125	0	54.02
57.00 05700	CT SCAN	1,230	66,519	275,749	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	867	5,856	183,153	0	58.00
60.00 06000	LABORATORY	5,661	116,892	1,550,063	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	527	935	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,096	71,563	244,749	0	64.00
65.00 06500	RESPIRATORY THERAPY	5,089	44,727	1,376,407	0	65.00
66.00 06600	PHYSICAL THERAPY	12,522	24,279	1,068,805	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	497	179	366,033	0	67.00
68.00 06800	SPEECH PATHOLOGY	394	1,433	228,916	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,378	33,207	132,854	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,842	0	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	2,082	1,435	221,658	0	76.00
76.02 03951	CASE MANAGEMENT	2,126	490	522,589	0	76.02
76.03 03950	PAIN MANAGEMENT	5,374	5,398	1,294,878	0	76.03
76.97 07697	CARDIAC REHABILITATION	2,201	11,291	415,732	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	315	0	264,577	0	90.01
90.02 09002	VEIN CENTER	249	8,968	360,355	0	90.02
90.03 09003	OBGYN	7,128	162,514	2,268,790	0	90.03
91.00 09100	EMERGENCY	14,519	49,827	5,068,716	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	1,244	13,670	514,084	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,690	1,840	1,322,119	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	2,310	0	630,020	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	289,127	7,517,853	51,281,323	-17,339,253	81,099,068
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,743	94,749	2,979,491	0	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	0	0	0	0	194.01
194.02 07952	EXTERNAL SVCS MARKETING	1,930	699	198,789	0	194.02
194.03 07953	WASHINGTON CLINIC	4,221	0	197,375	0	194.03
194.04 07954	PHYSICIAN OFFICES	4,567	11,160	790,430	0	194.04
194.05 07955	INTEGRATED MEDICINE	3,600	3,523	370,149	0	194.05

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.06 07956 SURGI CAL PROFESSIONAL	2,689	2,018	1,061,120	0	1,477,988	194.06	
194.07 07957 PRIMARY CARE	20,062	106,284	2,588,355	0	4,395,009	194.07	
194.08 07958 EMPLOYER CLINIC	5,198	2,839	729,533	0	1,175,217	194.08	
194.09 07959 UROLOGY PROF	2,079	56,568	128,003	0	750,573	194.09	
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)	4,256,386	3,731,884	17,109,606		17,339,253	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	11.777363	0.478711	0.283626		0.178190	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			20,296		770,007	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000336		0.007913	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: 15-0065

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

Worksheet B-1
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	306,007				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,258	529,103			8.00	
9.00	00900	HOUSEKEEPING	1,882	2,959	302,867		9.00	
10.00	01000	DIETARY	7,218	0	7,218	31,063	10.00	
11.00	01100	CAFETERIA	0	0	0	1,347,121	11.00	
13.00	01300	NURSING ADMINISTRATION	7,873	0	7,873	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	6,760	0	6,760	0	14.00	
15.00	01500	PHARMACY	2,837	0	2,837	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,848	0	1,848	0	16.00	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	4,227	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,605	288,143	61,605	27,487	178,727	30.00
31.00	03100	INTENSIVE CARE UNIT	5,856	25,699	5,856	3,576	34,809	31.00
43.00	04300	NURSERY	808	12,035	808	0	16,024	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,809	54,438	25,809	0	97,160	50.00
51.00	05100	RECOVERY ROOM	5,067	0	5,067	0	13,136	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,914	4,303	5,914	0	30,245	52.00
53.00	05300	ANESTHESIOLOGY	86	0	86	0	14,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,916	45,077	25,916	0	65,891	54.00
54.01	03630	ULTRA SOUND	1,042	0	1,042	0	6,568	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	0	452	0	2,007	54.02
57.00	05700	CT SCAN	1,230	0	1,230	0	7,705	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	867	0	867	0	5,238	58.00
60.00	06000	LABORATORY	5,661	0	5,661	0	67,142	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	527	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,096	0	4,096	0	7,518	64.00
65.00	06500	RESPIRATORY THERAPY	5,089	0	5,089	0	40,968	65.00
66.00	06600	PHYSICAL THERAPY	12,522	26,004	12,522	0	39,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	497	0	497	0	10,328	67.00
68.00	06800	SPEECH PATHOLOGY	394	0	394	0	6,026	68.00
69.00	06900	ELECTROCARDIOLOGY	1,378	23,633	1,378	0	4,336	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	2,082	0	2,082	0	6,674	76.00
76.02	03951	CASE MANAGEMENT	2,126	0	2,126	0	7,014	76.02
76.03	03950	PAIN MANAGEMENT	5,374	0	5,374	0	26,193	76.03
76.97	07697	CARDIAC REHABILITATION	2,201	0	2,201	0	12,535	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	315	0	315	0	6,034	90.01
90.02	09002	VEIN CENTER	249	0	249	0	7,622	90.02
90.03	09003	OBGYN	7,128	0	7,128	0	36,325	90.03
91.00	09100	EMERGENCY	14,519	46,812	14,519	0	117,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	1,244	0	1,244	0	8,636	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,690	0	1,690	0	36,097	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,310	0	2,310	0	19,326	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	233,730	529,103	230,590	31,063	1,115,406	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	1,188	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,743	0	26,743	0	60,304	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	1,930	0	1,930	0	6,240	194.02
194.03	07953	WASHINGTON CLINIC	4,221	0	4,221	0	11,872	194.03
194.04	07954	PHYSICIAN OFFICES	4,567	0	4,567	0	20,757	194.04
194.05	07955	INTEGRATED MEDICINE	3,600	0	3,600	0	5,702	194.05
194.06	07956	SURGICAL PROFESSIONAL	2,689	0	2,689	0	11,861	194.06
194.07	07957	PRIMARY CARE	20,062	0	20,062	0	82,807	194.07
194.08	07958	EMPLOYER CLINIC	5,198	0	5,198	0	24,243	194.08

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
194.09	07959 UROLOGY PROF	2,079	0	2,079	0	7,929	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,828,018	452,850	1,834,016	679,496	900,970	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.313274	0.855883	6.055516	21.874771	0.668811	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,889,955	26,285	53,553	158,450	6,235	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.176182	0.049678	0.176820	5.100924	0.004628	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: 15-0065

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)
	(DIRECT NRSING HRS)	(COSTED REQUIS.)				(TIME SPENT)
	13.00	14.00	15.00	16.00		18.00
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	753,392					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	36,413	11,524,346				14.00
15.00 01500 PHARMACY	29,565	16,342	100			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	17,150	0	325,828,440		16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	0	1,838	0	0	281,696	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	178,727	80,014	0	8,315,532	0	30.00
31.00 03100 INTENSIVE CARE UNIT	34,809	5,826	0	1,427,645	0	31.00
43.00 04300 NURSERY	16,024	0	0	1,021,329	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	97,160	152,601	0	85,412,825	0	50.00
51.00 05100 RECOVERY ROOM	0	1,816	0	8,724,749	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	30,245	0	0	6,942,173	0	52.00
53.00 05300 ANESTHESIOLOGY	0	2,244	0	6,015,026	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	65,891	22,698	0	17,994,065	0	54.00
54.01 03630 ULTRA SOUND	0	1,551	0	4,407,956	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	151	0	1,824,897	0	54.02
57.00 05700 CT SCAN	0	2,769	0	36,195,829	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	180	0	9,420,257	0	58.00
60.00 06000 LABORATORY	67,142	33,673	0	47,583,069	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	714,330	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	4,995	0	1,336,679	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	10,910	0	6,073,069	0	65.00
66.00 06600 PHYSICAL THERAPY	39,532	11,149	0	4,615,420	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,685	0	2,269,164	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,581	0	789,687	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,336	2,635	0	7,053,667	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,163,537	0	8,310,973	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	2,370,603	0	4,996,653	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	20,938,798	0	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	2,362	0	1,016,160	0	76.00
76.02 03951 CASE MANAGEMENT	0	1,365	0	191,768	0	76.02
76.03 03950 PAIN MANAGEMENT	0	2,160	0	2,927,328	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	1,686	0	263,277	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PALLIATIVE HEALTH	0	195	0	55,773	6,034	90.01
90.02 09002 VEIN CENTER	0	3,432	0	1,777,642	7,622	90.02
90.03 09003 OBGYN	0	25,379	0	1,463,723	36,325	90.03
91.00 09100 EMERGENCY	117,451	29,025	0	20,665,030	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04952 BEHAVIORAL HEALTH	0	2,984	0	523,745	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	36,097	9,508	0	2,419,071	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	10,528	0	2,141,131	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	753,392	10,996,572	100	325,828,440	49,981	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	170,542	0	0	60,304	192.00
194.00 07950 WELLNESS	0	0	0	0	0	194.00
194.01 07951 JACKSON MOB	0	0	0	0	0	194.01
194.02 07952 EXTERNAL SVCS MARKETING	0	8,231	0	0	6,240	194.02
194.03 07953 WASHINGTON CLINIC	0	0	0	0	11,872	194.03
194.04 07954 PHYSICIAN OFFICES	0	28,470	0	0	20,757	194.04
194.05 07955 INTEGRATED MEDICINE	0	119,334	0	0	5,702	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	OTHER GENERAL SERVICE	
					PHYSICIAN PRIVATE PRACTICE (TIME SPENT) 18.00	
194.06 07956 SURGICAL PROFESSIONAL	0	4,897	0	0	11,861	194.06
194.07 07957 PRIMARY CARE	0	123,421	0	0	82,807	194.07
194.08 07958 EMPLOYER CLINIC	0	44,651	0	0	24,243	194.08
194.09 07959 UROLOGY PROF	0	28,228	0	0	7,929	194.09
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)	4,568,145	1,926,431	4,423,362	1,897,597	578,867	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.063437	0.167162	44,233.620000	0.005824	2.054935	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	233,328	197,898	108,003	51,686	4,042	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.309703	0.017172	1,080.030000	0.000159	0.014349	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: 15-0065

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
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	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	76.00
76.02	03951	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PALLIATIVE HEALTH	90.01
90.02	09002	VEIN CENTER	90.02
90.03	09003	OBGYN	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04952	BEHAVIORAL HEALTH	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	WELLNESS	194.00
194.01	07951	JACKSON MOB	194.01
194.02	07952	EXTERNAL SVCS MARKETING	194.02
194.03	07953	WASHINGTON CLINIC	194.03
194.04	07954	PHYSICIAN OFFICES	194.04
194.05	07955	INTEGRATED MEDICINE	194.05
194.06	07956	SURGICAL PROFESSIONAL	194.06
194.07	07957	PRIMARY CARE	194.07
194.08	07958	EMPLOYER CLINIC	194.08

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
194.09	07959 UROLOGY PROF	0	194.09
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)	123,431	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,234.310000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	951	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.510000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2018 10:30 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		12,911,401	0	12,911,401	30.00	
31.00	03100 INTENSIVE CARE UNIT		2,383,080	0	2,383,080	31.00	
43.00	04300 NURSERY		998,011	0	998,011	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		8,888,299	0	8,888,299	50.00	
51.00	05100 RECOVERY ROOM		997,791	0	997,791	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,082,685	0	2,082,685	52.00	
53.00	05300 ANESTHESIOLOGY		628,803	0	628,803	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,575,844	109,847	6,685,691	54.00	
54.01	03630 ULTRA SOUND		545,681	0	545,681	54.01	
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		212,140	0	212,140	54.02	
57.00	05700 CT SCAN		1,081,027	0	1,081,027	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		555,914	0	555,914	58.00	
60.00	06000 LABORATORY		5,294,221	22,261	5,316,482	60.00	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		358,472	0	358,472	63.00	
64.00	06400 INTRAVENOUS THERAPY		604,278	0	604,278	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,076,705	0	2,076,705	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,530,364	0	2,530,364	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	608,118	0	608,118	67.00	
68.00	06800 SPEECH PATHOLOGY	0	378,544	0	378,544	68.00	
69.00	06900 ELECTROCARDIOLOGY		490,260	1,679	491,939	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,032,796	0	11,032,796	71.00	
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		3,218,397	0	3,218,397	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		12,420,515	0	12,420,515	73.00	
76.00	03952 WOUND CARE (DIABETES CENTER)		446,559	0	446,559	76.00	
76.02	03951 CASE MANAGEMENT		310,686	0	310,686	76.02	
76.03	03950 PAIN MANAGEMENT		1,431,023	0	1,431,023	76.03	
76.97	07697 CARDIAC REHABILITATION		746,061	0	746,061	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 PALLIATIVE HEALTH		186,015	0	186,015	90.01	
90.02	09002 VEIN CENTER		346,970	0	346,970	90.02	
90.03	09003 OBGYN		1,572,557	0	1,572,557	90.03	
91.00	09100 EMERGENCY		6,539,989	0	6,539,989	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,686,492	0	2,686,492	92.00	
93.00	04952 BEHAVIORAL HEALTH		544,667	0	544,667	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		2,495,892		2,495,892	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		1,286,540		1,286,540	116.00	
200.00	Subtotal (see instructions)		95,466,797	0	95,466,797	200.00	
201.00	Less Observation Beds		2,686,492		2,686,492	201.00	
202.00	Total (see instructions)		92,780,305	0	92,780,305	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2018 10:30 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,352,346		6,352,346		30.00
31.00	03100	INTENSIVE CARE UNIT	1,427,645		1,427,645		31.00
43.00	04300	NURSERY	1,021,329		1,021,329		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,321,200	70,091,625	85,412,825	0.104063	50.00
51.00	05100	RECOVERY ROOM	996,091	7,728,658	8,724,749	0.114363	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,604,991	337,182	6,942,173	0.300005	52.00
53.00	05300	ANESTHESIOLOGY	1,090,303	4,924,723	6,015,026	0.104539	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	823,116	17,170,949	17,994,065	0.365445	54.00
54.01	03630	ULTRA SOUND	356,780	4,051,176	4,407,956	0.123795	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	33,347	1,791,550	1,824,897	0.116248	54.02
57.00	05700	CT SCAN	2,704,966	33,490,863	36,195,829	0.029866	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	557,011	8,863,246	9,420,257	0.059013	58.00
60.00	06000	LABORATORY	7,317,806	40,265,263	47,583,069	0.111263	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	328,766	385,564	714,330	0.501830	63.00
64.00	06400	INTRAVENOUS THERAPY	229,755	1,106,924	1,336,679	0.452074	64.00
65.00	06500	RESPIRATORY THERAPY	3,469,723	2,603,346	6,073,069	0.341953	65.00
66.00	06600	PHYSICAL THERAPY	552,286	4,063,134	4,615,420	0.548241	66.00
67.00	06700	OCCUPATIONAL THERAPY	447,519	1,821,645	2,269,164	0.267992	67.00
68.00	06800	SPEECH PATHOLOGY	184,072	605,615	789,687	0.479360	68.00
69.00	06900	ELECTROCARDIOLOGY	831,768	6,221,899	7,053,667	0.069504	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,172,182	6,138,791	8,310,973	1.327498	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,583,324	3,413,329	4,996,653	0.644111	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,883,239	17,055,559	20,938,798	0.593182	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	36,032	980,128	1,016,160	0.439457	76.00
76.02	03951	CASE MANAGEMENT	33,462	158,306	191,768	1.620114	76.02
76.03	03950	PAIN MANAGEMENT	750	2,926,578	2,927,328	0.488850	76.03
76.97	07697	CARDIAC REHABILITATION	1,806	261,471	263,277	2.833749	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	2,660	53,113	55,773	3.335216	90.01
90.02	09002	VEIN CENTER	0	1,777,642	1,777,642	0.195186	90.02
90.03	09003	OBGYN	0	1,463,723	1,463,723	1.074354	90.03
91.00	09100	EMERGENCY	1,343,353	19,321,677	20,665,030	0.316476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	231,418	1,731,768	1,963,186	1.368435	92.00
93.00	04952	BEHAVIORAL HEALTH	4,070	519,675	523,745	1.039947	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,419,071	2,419,071		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,141,131	2,141,131		116.00
200.00		Subtotal (see instructions)	59,943,116	265,885,324	325,828,440		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	59,943,116	265,885,324	325,828,440		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 10:30 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.104063		50.00
51.00	05100 RECOVERY ROOM	0.114363		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.300005		52.00
53.00	05300 ANESTHESIOLOGY	0.104539		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371550		54.00
54.01	03630 ULTRA SOUND	0.123795		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116248		54.02
57.00	05700 CT SCAN	0.029866		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059013		58.00
60.00	06000 LABORATORY	0.111731		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.501830		63.00
64.00	06400 INTRAVENOUS THERAPY	0.452074		64.00
65.00	06500 RESPIRATORY THERAPY	0.341953		65.00
66.00	06600 PHYSICAL THERAPY	0.548241		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267992		67.00
68.00	06800 SPEECH PATHOLOGY	0.479360		68.00
69.00	06900 ELECTROCARDIOLOGY	0.069742		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.327498		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.644111		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.593182		73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.439457		76.00
76.02	03951 CASE MANAGEMENT	1.620114		76.02
76.03	03950 PAIN MANAGEMENT	0.488850		76.03
76.97	07697 CARDIAC REHABILITATION	2.833749		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PALLIATIVE HEALTH	3.335216		90.01
90.02	09002 VEIN CENTER	0.195186		90.02
90.03	09003 OBGYN	1.074354		90.03
91.00	09100 EMERGENCY	0.316476		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.368435		92.00
93.00	04952 BEHAVIORAL HEALTH	1.039947		93.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2018 10:30 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	12,911,401		12,911,401	0	12,911,401	30.00
31.00	03100 INTENSIVE CARE UNIT	2,383,080		2,383,080	0	2,383,080	31.00
43.00	04300 NURSERY	998,011		998,011	0	998,011	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,888,299		8,888,299	0	8,888,299	50.00
51.00	05100 RECOVERY ROOM	997,791		997,791	0	997,791	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,082,685		2,082,685	0	2,082,685	52.00
53.00	05300 ANESTHESIOLOGY	628,803		628,803	0	628,803	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,575,844		6,575,844	109,847	6,685,691	54.00
54.01	03630 ULTRA SOUND	545,681		545,681	0	545,681	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	212,140		212,140	0	212,140	54.02
57.00	05700 CT SCAN	1,081,027		1,081,027	0	1,081,027	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	555,914		555,914	0	555,914	58.00
60.00	06000 LABORATORY	5,294,221		5,294,221	22,261	5,316,482	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	358,472		358,472	0	358,472	63.00
64.00	06400 INTRAVENOUS THERAPY	604,278		604,278	0	604,278	64.00
65.00	06500 RESPIRATORY THERAPY	2,076,705	0	2,076,705	0	2,076,705	65.00
66.00	06600 PHYSICAL THERAPY	2,530,364	0	2,530,364	0	2,530,364	66.00
67.00	06700 OCCUPATIONAL THERAPY	608,118	0	608,118	0	608,118	67.00
68.00	06800 SPEECH PATHOLOGY	378,544	0	378,544	0	378,544	68.00
69.00	06900 ELECTROCARDIOLOGY	490,260		490,260	1,679	491,939	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,032,796		11,032,796	0	11,032,796	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	3,218,397		3,218,397	0	3,218,397	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,420,515		12,420,515	0	12,420,515	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	446,559		446,559	0	446,559	76.00
76.02	03951 CASE MANAGEMENT	310,686		310,686	0	310,686	76.02
76.03	03950 PAIN MANAGEMENT	1,431,023		1,431,023	0	1,431,023	76.03
76.97	07697 CARDIAC REHABILITATION	746,061		746,061	0	746,061	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	186,015		186,015	0	186,015	90.01
90.02	09002 VEIN CENTER	346,970		346,970	0	346,970	90.02
90.03	09003 OBGYN	1,572,557		1,572,557	0	1,572,557	90.03
91.00	09100 EMERGENCY	6,539,989		6,539,989	0	6,539,989	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,686,492		2,686,492	0	2,686,492	92.00
93.00	04952 BEHAVIORAL HEALTH	544,667		544,667	0	544,667	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,495,892		2,495,892		2,495,892	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,286,540		1,286,540		1,286,540	116.00
200.00	Subtotal (see instructions)	95,466,797	0	95,466,797	133,787	95,600,584	200.00
201.00	Less Observation Beds	2,686,492		2,686,492		2,686,492	201.00
202.00	Total (see instructions)	92,780,305	0	92,780,305	133,787	92,914,092	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2018 10:30 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,352,346		6,352,346		30.00
31.00	03100	INTENSIVE CARE UNIT	1,427,645		1,427,645		31.00
43.00	04300	NURSERY	1,021,329		1,021,329		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,321,200	70,091,625	85,412,825	0.104063	50.00
51.00	05100	RECOVERY ROOM	996,091	7,728,658	8,724,749	0.114363	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,604,991	337,182	6,942,173	0.300005	52.00
53.00	05300	ANESTHESIOLOGY	1,090,303	4,924,723	6,015,026	0.104539	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	823,116	17,170,949	17,994,065	0.365445	54.00
54.01	03630	ULTRA SOUND	356,780	4,051,176	4,407,956	0.123795	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	33,347	1,791,550	1,824,897	0.116248	54.02
57.00	05700	CT SCAN	2,704,966	33,490,863	36,195,829	0.029866	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	557,011	8,863,246	9,420,257	0.059013	58.00
60.00	06000	LABORATORY	7,317,806	40,265,263	47,583,069	0.111263	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	328,766	385,564	714,330	0.501830	63.00
64.00	06400	INTRAVENOUS THERAPY	229,755	1,106,924	1,336,679	0.452074	64.00
65.00	06500	RESPIRATORY THERAPY	3,469,723	2,603,346	6,073,069	0.341953	65.00
66.00	06600	PHYSICAL THERAPY	552,286	4,063,134	4,615,420	0.548241	66.00
67.00	06700	OCCUPATIONAL THERAPY	447,519	1,821,645	2,269,164	0.267992	67.00
68.00	06800	SPEECH PATHOLOGY	184,072	605,615	789,687	0.479360	68.00
69.00	06900	ELECTROCARDIOLOGY	831,768	6,221,899	7,053,667	0.069504	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,172,182	6,138,791	8,310,973	1.327498	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,583,324	3,413,329	4,996,653	0.644111	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,883,239	17,055,559	20,938,798	0.593182	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	36,032	980,128	1,016,160	0.439457	76.00
76.02	03951	CASE MANAGEMENT	33,462	158,306	191,768	1.620114	76.02
76.03	03950	PAIN MANAGEMENT	750	2,926,578	2,927,328	0.488850	76.03
76.97	07697	CARDIAC REHABILITATION	1,806	261,471	263,277	2.833749	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	2,660	53,113	55,773	3.335216	90.01
90.02	09002	VEIN CENTER	0	1,777,642	1,777,642	0.195186	90.02
90.03	09003	OBGYN	0	1,463,723	1,463,723	1.074354	90.03
91.00	09100	EMERGENCY	1,343,353	19,321,677	20,665,030	0.316476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	231,418	1,731,768	1,963,186	1.368435	92.00
93.00	04952	BEHAVIORAL HEALTH	4,070	519,675	523,745	1.039947	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,419,071	2,419,071		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,141,131	2,141,131		116.00
200.00		Subtotal (see instructions)	59,943,116	265,885,324	325,828,440		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	59,943,116	265,885,324	325,828,440		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/18/2018 10:30 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
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	0.000000			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
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.000000			76.00
76.02	03951	CASE MANAGEMENT	0.000000			76.02
76.03	03950	PAIN MANAGEMENT	0.000000			76.03
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PALLIATIVE HEALTH	0.000000			90.01
90.02	09002	VEIN CENTER	0.000000			90.02
90.03	09003	OBGYN	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04952	BEHAVIORAL HEALTH	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/18/2018 10:30 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	1,614,017	6,548	1,607,469	10,516	152.86	30.00	
31.00	INTENSIVE CARE UNIT	227,817		227,817	1,088	209.39	31.00	
43.00	NURSERY	26,335		26,335	1,632	16.14	43.00	
200.00	Total (lines 30 through 199)	1,868,169		1,861,621	13,236		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	3,074	469,892					30.00
31.00	INTENSIVE CARE UNIT	439	91,922					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	3,513	561,814					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/18/2018 10:30 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,186,407	85,412,825	0.013890	6,613,487	91,861	50.00
51.00	05100 RECOVERY ROOM	99,700	8,724,749	0.011427	357,334	4,083	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	129,573	6,942,173	0.018665	99,521	1,858	52.00
53.00	05300 ANESTHESIOLOGY	47,080	6,015,026	0.007827	443,323	3,470	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	931,292	17,994,065	0.051756	461,515	23,886	54.00
54.01	03630 ULTRA SOUND	39,927	4,407,956	0.009058	162,684	1,474	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	9,857	1,824,897	0.005401	27,154	147	54.02
57.00	05700 CT SCAN	65,648	36,195,829	0.001814	1,734,130	3,146	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	23,285	9,420,257	0.002472	349,702	864	58.00
60.00	06000 LABORATORY	353,347	47,583,069	0.007426	3,241,220	24,069	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	12,396	714,330	0.017353	181,386	3,148	63.00
64.00	06400 INTRAVENOUS THERAPY	112,122	1,336,679	0.083881	123,521	10,361	64.00
65.00	06500 RESPIRATORY THERAPY	131,301	6,073,069	0.021620	1,643,834	35,540	65.00
66.00	06600 PHYSICAL THERAPY	266,132	4,615,420	0.057661	297,096	17,131	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,542	2,269,164	0.005968	244,978	1,462	67.00
68.00	06800 SPEECH PATHOLOGY	10,495	789,687	0.013290	32,489	432	68.00
69.00	06900 ELECTROCARDIOLOGY	49,449	7,053,667	0.007010	500,554	3,509	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	207,488	8,310,973	0.024966	1,102,324	27,521	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	60,261	4,996,653	0.012060	676,955	8,164	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	164,224	20,938,798	0.007843	1,744,505	13,682	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	52,686	1,016,160	0.051848	8,603	446	76.00
76.02	03951 CASE MANAGEMENT	40,683	191,768	0.212147	0	0	76.02
76.03	03950 PAIN MANAGEMENT	109,428	2,927,328	0.037382	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	50,102	263,277	0.190301	1,170	223	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	7,004	55,773	0.125580	438	55	90.01
90.02	09002 VEIN CENTER	11,485	1,777,642	0.006461	0	0	90.02
90.03	09003 OBGYN	217,603	1,463,723	0.148664	0	0	90.03
91.00	09100 EMERGENCY	366,591	20,665,030	0.017740	668,717	11,863	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	335,830	1,963,186	0.171064	31,254	5,346	92.00
93.00	04952 BEHAVIORAL HEALTH	32,803	523,745	0.062632	0	0	93.00
200.00	Total (lines 50 through 199)	5,137,741	312,466,918		20,747,894	293,741	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/18/2018 10:30 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	10,516	0.00	3,074 30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,088	0.00	439 31.00	
43.00	04300	NURSERY		0	1,632	0.00	0 43.00	
200.00		Total (lines 30 through 199)		0	13,236		3,513 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/18/2018 10:30 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0	0	0	0	0	76.00
76.02 03951 CASE MANAGEMENT	0	0	0	0	0	0	76.02
76.03 03950 PAIN MANAGEMENT	0	0	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 PALLIATIVE HEALTH	0	0	0	0	0	0	90.01
90.02 09002 VEIN CENTER	0	0	0	0	0	0	90.02
90.03 09003 OBGYN	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 04952 BEHAVIORAL HEALTH	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0065

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

Worksheet D
Part IV
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	85,412,825	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,724,749	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,942,173	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,015,026	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,994,065	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	4,407,956	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,824,897	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	36,195,829	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,420,257	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	47,583,069	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	714,330	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,336,679	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,073,069	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,615,420	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,269,164	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	789,687	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,053,667	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,310,973	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	4,996,653	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,938,798	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	0	1,016,160	0.000000	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	191,768	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	2,927,328	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	263,277	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	55,773	0.000000	90.01
90.02	09002	VEIN CENTER	0	0	0	1,777,642	0.000000	90.02
90.03	09003	OBGYN	0	0	0	1,463,723	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	20,665,030	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,963,186	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0	0	0	523,745	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	312,466,918		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0065

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

Worksheet D
Part IV
Date/Time Prepared:
5/18/2018 10:30 am

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)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	6,613,487	0	13,551,544	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	357,334	0	1,611,537	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	99,521	0	1,051	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	443,323	0	866,201	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	461,515	0	4,242,482	0	54.00
54.01	03630 ULTRA SOUND	0.000000	162,684	0	898,886	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	27,154	0	664,988	0	54.02
57.00	05700 CT SCAN	0.000000	1,734,130	0	7,480,145	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	349,702	0	2,290,099	0	58.00
60.00	06000 LABORATORY	0.000000	3,241,220	0	4,529,684	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	181,386	0	100,408	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	123,521	0	294,282	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,643,834	0	410,684	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	297,096	0	20,543	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	244,978	0	108,441	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	32,489	0	1,474	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	500,554	0	1,553,458	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,102,324	0	1,164,631	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	676,955	0	585,440	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,744,505	0	4,427,314	0	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.000000	8,603	0	330,284	0	76.00
76.02	03951 CASE MANAGEMENT	0.000000	0	0	234	0	76.02
76.03	03950 PAIN MANAGEMENT	0.000000	0	0	696,484	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.000000	1,170	0	105,690	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	0.000000	438	0	15,730	0	90.01
90.02	09002 VEIN CENTER	0.000000	0	0	12,812	0	90.02
90.03	09003 OBGYN	0.000000	0	0	113,955	0	90.03
91.00	09100 EMERGENCY	0.000000	668,717	0	2,923,557	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	31,254	0	446,493	0	92.00
93.00	04952 BEHAVIORAL HEALTH	0.000000	0	0	100,717	0	93.00
200.00	Total (lines 50 through 199)		20,747,894	0	49,549,248	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.104063	13,551,544	0	0	1,410,214	50.00
51.00	05100 RECOVERY ROOM	0.114363	1,611,537	0	0	184,300	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.300005	1,051	0	0	315	52.00
53.00	05300 ANESTHESIOLOGY	0.104539	866,201	0	0	90,552	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.365445	4,242,482	0	0	1,550,394	54.00
54.01	03630 ULTRA SOUND	0.123795	898,886	0	0	111,278	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116248	664,988	0	0	77,304	54.02
57.00	05700 CT SCAN	0.029866	7,480,145	0	0	223,402	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059013	2,290,099	0	0	135,146	58.00
60.00	06000 LABORATORY	0.111263	4,529,684	0	0	503,986	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.501830	100,408	0	0	50,388	63.00
64.00	06400 INTRAVENOUS THERAPY	0.452074	294,282	0	0	133,037	64.00
65.00	06500 RESPIRATORY THERAPY	0.341953	410,684	0	0	140,435	65.00
66.00	06600 PHYSICAL THERAPY	0.548241	20,543	0	0	11,263	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267992	108,441	0	0	29,061	67.00
68.00	06800 SPEECH PATHOLOGY	0.479360	1,474	0	0	707	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069504	1,553,458	0	0	107,972	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.327498	1,164,631	0	0	1,546,045	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.644111	585,440	0	0	377,088	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.593182	4,427,314	11,852	0	2,626,203	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.439457	330,284	0	0	145,146	76.00
76.02	03951 CASE MANAGEMENT	1.620114	234	0	0	379	76.02
76.03	03950 PAIN MANAGEMENT	0.488850	696,484	0	0	340,476	76.03
76.97	07697 CARDIAC REHABILITATION	2.833749	105,690	0	0	299,499	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	3.335216	15,730	0	0	52,463	90.01
90.02	09002 VEIN CENTER	0.195186	12,812	0	0	2,501	90.02
90.03	09003 OBGYN	1.074354	113,955	0	0	122,428	90.03
91.00	09100 EMERGENCY	0.316476	2,923,557	0	0	925,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.368435	446,493	0	0	610,997	92.00
93.00	04952 BEHAVIORAL HEALTH	1.039947	100,717	0	0	104,740	93.00
200.00	Subtotal (see instructions)		49,549,248	11,852	0	11,912,955	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		49,549,248	11,852	0	11,912,955	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 10:30 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,030	0		73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0		76.00
76.02 03951 CASE MANAGEMENT	0	0		76.02
76.03 03950 PAIN MANAGEMENT	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PALLIATIVE HEALTH	0	0		90.01
90.02 09002 VEIN CENTER	0	0		90.02
90.03 09003 OBGYN	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04952 BEHAVIORAL HEALTH	0	0		93.00
200.00 Subtotal (see instructions)	7,030	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	7,030	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 10:30 am
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.104063	0	0	906,211	0	50.00
51.00	05100 RECOVERY ROOM	0.114363	0	0	99,670	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.300005	0	0	15,526	0	52.00
53.00	05300 ANESTHESIOLOGY	0.104539	0	0	107,420	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.365445	0	0	225,823	0	54.00
54.01	03630 ULTRA SOUND	0.123795	0	0	60,633	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116248	0	0	13,667	0	54.02
57.00	05700 CT SCAN	0.029866	0	0	543,081	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059013	0	0	98,252	0	58.00
60.00	06000 LABORATORY	0.111263	0	0	586,592	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.501830	0	0	7,066	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.452074	0	0	16,288	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.341953	0	0	51,820	0	65.00
66.00	06600 PHYSICAL THERAPY	0.548241	0	0	45,849	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267992	0	0	19,442	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.479360	0	0	22,351	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069504	0	0	88,188	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.327498	0	0	127,372	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.644111	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.593182	0	0	143,130	0	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.439457	0	0	11,193	0	76.00
76.02	03951 CASE MANAGEMENT	1.620114	0	0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.488850	0	0	91,925	0	76.03
76.97	07697 CARDIAC REHABILITATION	2.833749	0	0	1,556	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	3.335216	0	0	3,372	0	90.01
90.02	09002 VEIN CENTER	0.195186	0	0	32,835	0	90.02
90.03	09003 OBGYN	1.074354	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.316476	0	0	455,850	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.368435	0	0	95,682	0	92.00
93.00	04952 BEHAVIORAL HEALTH	1.039947	0	0	16,458	0	93.00
200.00	Subtotal (see instructions)		0	0	3,887,252	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	3,887,252	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/18/2018 10:30 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	94,303		50.00
51.00 05100 RECOVERY ROOM	0	11,399		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,658		52.00
53.00 05300 ANESTHESIOLOGY	0	11,230		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	82,526		54.00
54.01 03630 ULTRA SOUND	0	7,506		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,589		54.02
57.00 05700 CT SCAN	0	16,220		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,798		58.00
60.00 06000 LABORATORY	0	65,266		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	3,546		63.00
64.00 06400 INTRAVENOUS THERAPY	0	7,363		64.00
65.00 06500 RESPIRATORY THERAPY	0	17,720		65.00
66.00 06600 PHYSICAL THERAPY	0	25,136		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,210		67.00
68.00 06800 SPEECH PATHOLOGY	0	10,714		68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,129		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	169,086		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	84,902		73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	4,919		76.00
76.02 03951 CASE MANAGEMENT	0	0		76.02
76.03 03950 PAIN MANAGEMENT	0	44,938		76.03
76.97 07697 CARDIAC REHABILITATION	0	4,409		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PALLIATIVE HEALTH	0	11,246		90.01
90.02 09002 VEIN CENTER	0	6,409		90.02
90.03 09003 OBGYN	0	0		90.03
91.00 09100 EMERGENCY	0	144,266		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	130,935		92.00
93.00 04952 BEHAVIORAL HEALTH	0	17,115		93.00
200.00	Subtotal (see instructions)	0	994,538	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	994,538	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/18/2018 10:30 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,516	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)		8,319	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		182	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		81	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)		3,074	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)		115	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		218.85	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		218.85	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		155.02	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		155.02	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,911,401	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)		39,831	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)		12,557	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)		52,388	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,859,013	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,859,013	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,222.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,758,887	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)		3,758,887	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,383,080	1,088	2,190.33	439	961,555	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)					5,619,764	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,340,206	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)					561,814	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					293,741	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					855,555	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,484,651	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)					25,168	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)					25,168	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,197	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,222.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,686,492	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 10:30 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,614,017	12,911,401	0.125007	2,686,492	335,830	90.00
91.00	Nursing School cost	0	12,911,401	0.000000	2,686,492	0	91.00
92.00	Allied health cost	0	12,911,401	0.000000	2,686,492	0	92.00
93.00	All other Medical Education	0	12,911,401	0.000000	2,686,492	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/18/2018 10:30 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,516	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)		8,319	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		182	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		81	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,708	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,632	15.00
16.00	Nursery days (title V or XIX only)		822	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		218.85	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		218.85	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		155.02	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		155.02	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,911,401	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)		39,831	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)		12,557	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)		52,388	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,859,013	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,859,013	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,222.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,088,542	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,088,542	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1		
		Title XIX		Hospital		Date/Time Prepared: 5/18/2018 10:30 am		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	998,011	1,632	611.53	822	502,678	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	2,383,080	1,088	2,190.33	60	131,420	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)						549,992	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,272,632	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						2,197	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,222.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						2,686,492	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/18/2018 10:30 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,614,017	12,911,401	0.125007	2,686,492	335,830	90.00
91.00	Nursing School cost	0	12,911,401	0.000000	2,686,492	0	91.00
92.00	Allied health cost	0	12,911,401	0.000000	2,686,492	0	92.00
93.00	All other Medical Education	0	12,911,401	0.000000	2,686,492	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,093,152	30.00
31.00	03100	INTENSIVE CARE UNIT		574,645	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.104063	6,613,487	50.00
51.00	05100	RECOVERY ROOM	0.114363	357,334	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300005	99,521	52.00
53.00	05300	ANESTHESIOLOGY	0.104539	443,323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.371550	461,515	54.00
54.01	03630	ULTRA SOUND	0.123795	162,684	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.116248	27,154	54.02
57.00	05700	CT SCAN	0.029866	1,734,130	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059013	349,702	58.00
60.00	06000	LABORATORY	0.111731	3,241,220	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.501830	181,386	63.00
64.00	06400	INTRAVENOUS THERAPY	0.452074	123,521	64.00
65.00	06500	RESPIRATORY THERAPY	0.341953	1,643,834	65.00
66.00	06600	PHYSICAL THERAPY	0.548241	297,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267992	244,978	67.00
68.00	06800	SPEECH PATHOLOGY	0.479360	32,489	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069742	500,554	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.327498	1,102,324	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.644111	676,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.593182	1,744,505	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.439457	8,603	76.00
76.02	03951	CASE MANAGEMENT	1.620114	0	76.02
76.03	03950	PAIN MANAGEMENT	0.488850	0	76.03
76.97	07697	CARDIAC REHABILITATION	2.833749	1,170	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	3.335216	438	90.01
90.02	09002	VEIN CENTER	0.195186	0	90.02
90.03	09003	OBGYN	1.074354	0	90.03
91.00	09100	EMERGENCY	0.316476	668,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.368435	31,254	92.00
93.00	04952	BEHAVIORAL HEALTH	1.039947	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		20,747,894	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)		20,747,894	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/18/2018 10:30 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.104063	0	0	50.00
51.00	05100 RECOVERY ROOM	0.114363	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.300005	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.104539	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.365445	1,229	449	54.00
54.01	03630 ULTRA SOUND	0.123795	137	17	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116248	0	0	54.02
57.00	05700 CT SCAN	0.029866	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059013	0	0	58.00
60.00	06000 LABORATORY	0.111263	17,049	1,897	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.501830	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.452074	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.341953	20,814	7,117	65.00
66.00	06600 PHYSICAL THERAPY	0.548241	29,013	15,906	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267992	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.479360	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069504	180	13	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.327498	11,349	15,066	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.644111	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.593182	33,417	19,822	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.439457	0	0	76.00
76.02	03951 CASE MANAGEMENT	1.620114	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.488850	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	2.833749	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	3.335216	0	0	90.01
90.02	09002 VEIN CENTER	0.195186	0	0	90.02
90.03	09003 OBGYN	1.074354	0	0	90.03
91.00	09100 EMERGENCY	0.316476	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.368435	0	0	92.00
93.00	04952 BEHAVIORAL HEALTH	1.039947	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		113,188	60,287	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)		113,188		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/18/2018 10:30 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		228,330		30.00
31.00	03100 INTENSIVE CARE UNIT		57,981		31.00
43.00	04300 NURSERY		140,376		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.104063	369,638	38,466	50.00
51.00	05100 RECOVERY ROOM	0.114363	21,343	2,441	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.300005	612,845	183,857	52.00
53.00	05300 ANESTHESIOLOGY	0.104539	107,148	11,201	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.365445	20,526	7,501	54.00
54.01	03630 ULTRA SOUND	0.123795	12,081	1,496	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116248	218	25	54.02
57.00	05700 CT SCAN	0.029866	72,536	2,166	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.059013	20,855	1,231	58.00
60.00	06000 LABORATORY	0.111263	333,145	37,067	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.501830	10,443	5,241	63.00
64.00	06400 INTRAVENOUS THERAPY	0.452074	6,610	2,988	64.00
65.00	06500 RESPIRATORY THERAPY	0.341953	99,208	33,924	65.00
66.00	06600 PHYSICAL THERAPY	0.548241	5,758	3,157	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267992	6,286	1,685	67.00
68.00	06800 SPEECH PATHOLOGY	0.479360	363	174	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069504	29,750	2,068	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.327498	67,783	89,982	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.644111	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.593182	143,131	84,903	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.439457	1,065	468	76.00
76.02	03951 CASE MANAGEMENT	1.620114	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.488850	549	268	76.03
76.97	07697 CARDIAC REHABILITATION	2.833749	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	3.335216	1,936	6,457	90.01
90.02	09002 VEIN CENTER	0.195186	0	0	90.02
90.03	09003 OBGYN	1.074354	0	0	90.03
91.00	09100 EMERGENCY	0.316476	89,633	28,367	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.368435	757	1,036	92.00
93.00	04952 BEHAVIORAL HEALTH	1.039947	3,676	3,823	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,037,283	549,992	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,037,283		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/18/2018 10:30 am	
Cost Center Description		Title XIX	Swing Beds - NF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.104063	0	50.00
51.00	05100	RECOVERY ROOM	0.114363	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300005	0	52.00
53.00	05300	ANESTHESIOLOGY	0.104539	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.365445	0	54.00
54.01	03630	ULTRA SOUND	0.123795	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.116248	0	54.02
57.00	05700	CT SCAN	0.029866	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059013	0	58.00
60.00	06000	LABORATORY	0.111263	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.501830	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.452074	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.341953	0	65.00
66.00	06600	PHYSICAL THERAPY	0.548241	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267992	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.479360	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069504	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.327498	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.644111	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.593182	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.439457	0	76.00
76.02	03951	CASE MANAGEMENT	1.620114	0	76.02
76.03	03950	PAIN MANAGEMENT	0.488850	0	76.03
76.97	07697	CARDIAC REHABILITATION	2.833749	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	3.335216	0	90.01
90.02	09002	VEIN CENTER	0.195186	0	90.02
90.03	09003	OBGYN	1.074354	0	90.03
91.00	09100	EMERGENCY	0.316476	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.368435	0	92.00
93.00	04952	BEHAVIORAL HEALTH	1.039947	0	93.00
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: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,955,462	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,651,821	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)		303,074	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		1,320,172	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		85.26	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.03	31.00
32.00	Sum of lines 30 and 31		31.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		198,219	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000093254	0.000079442	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	557,424	537,560	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	416,922	135,495	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	552,417		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	7,660,993		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		7,660,993	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		577,410	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		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).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		8,238,403	59.00
60.00	Primary payer payments		4,235	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,234,168	61.00
62.00	Deductibles billed to program beneficiaries		920,724	62.00
63.00	Coinurance billed to program beneficiaries		4,606	63.00
64.00	Allowable bad debts (see instructions)		79,341	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		51,572	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		27,283	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,360,410	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)		60,759	70.93
70.94	HRR adjustment amount (see instructions)		-4,731	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2017	8,833	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	155,743	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)		7,581,014	71.00
71.01	Sequestration adjustment (see instructions)		151,620	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		7,089,692	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)		339,702	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		94,158	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/18/2018 10:30 am

		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	4,955,462	0	4,955,462		4,955,462	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,651,821	0		1,651,821	1,651,821	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	303,074	0	227,305	75,769	303,074	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	1,320,172	0	990,129	330,043	1,320,172	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	198,219	0	148,664	49,555	198,219	11.00
11.01	Uncompensated care payments	36.00	552,417	0	416,922	135,495	552,417	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	7,660,993	0	5,748,353	1,912,640	7,660,993	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	7,660,993	0	5,748,353	1,912,640	7,660,993	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	577,410	0	433,057	144,353	577,410	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/18/2018 10:30 am

		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	6,181,410	2,056,993	8,238,403	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	527,848	0	395,886	131,962	527,848	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	49,562	0	37,171	12,391	49,562	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	577,410	0	433,057	144,353	577,410	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				0.001429	0.075714		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			8,833		8,833	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				155,743	155,743	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/18/2018 10:30 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,955,462	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,651,821		6,607,282	6,607,282	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	303,074	0	303,074	303,074	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	1,320,172	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	198,219	0	198,219	198,219	11.00
11.01	Uncompensated care payments	36.00	552,417	416,922	135,495	552,417	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	7,660,993	416,922	7,244,071	7,660,993	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	7,660,993	416,922	7,244,071	7,660,993	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	577,410	0	577,410	577,410	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			416,922	7,821,481	8,238,403	19.00

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	527,848	0	527,848	527,848	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	49,562	0	49,562	49,562	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	577,410	0	577,410	577,410	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	8,833	8,833		8,833	28.00
29.00	Low volume adjustment on or after October 1	70.97	155,743		155,743	155,743	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	60,759	0	60,759	60,759	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-4,731	0	-4,731	-4,731	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,030	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,912,955	2.00
3.00	OPPS payments		10,033,743	3.00
4.00	Outlier payment (see instructions)		255,803	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,030	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,852	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)		11,852	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		11,852	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,822	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		7,030	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)		10,289,546	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,026,513	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)		8,270,063	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,270,063	30.00
31.00	Primary payer payments		9,961	31.00
32.00	Subtotal (line 30 minus line 31)		8,260,102	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		274,544	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		178,454	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		206,874	36.00
37.00	Subtotal (see instructions)		8,438,556	37.00
38.00	MSP-LCC reconciliation amount from PS&R		111	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		8,438,445	40.00
40.01	Sequestration adjustment (see instructions)		168,769	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		8,093,504	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		176,172	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		168,157	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/18/2018 10:30 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,089,692		8,093,504	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,089,692		8,093,504	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		339,702		176,172	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,429,394		8,269,676	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0065
Component CCN: 15-U065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/18/2018 10:30 am

Title XVIII

Swing Beds - SNF

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		19,547		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		19,547		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		19,547		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE 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 - SWING BEDS		Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2017 To 12/31/2017	Worksheet E-2 Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	20,111	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	115	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	20,111	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	20,111	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	20,111	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	165	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	19,946	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	19,946	0	19.00
19.01	Sequestration adjustment (see instructions)	399	0	19.01
19.02	Demonstration payment adjustment amount after sequestration	0	0	19.02
20.00	Interim payments	19,547	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E-2
		Component CCN: 15-U065	Date/Time Prepared: 5/18/2018 10:30 am	
		Title XIX	Swing Beds - NF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	0		3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration	0		16.99
17.00	Allowable bad debts (see instructions)	0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (see instructions)	0		19.00
19.01	Sequestration adjustment (see instructions)	0		19.01
19.02	Demonstration payment adjustment amount after sequestration	0		19.02
20.00	Interim payments	0		20.00
21.00	Tentative settlement (for contractor use only)	0		21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0		22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

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

Provider CCN: 15-0065

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

Worksheet G

Date/Time Prepared:
5/18/2018 10:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	48,031,241	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	67,884,145	0	0	0	4.00
5.00	Other receivable	14,701,804	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-51,566,986	0	0	0	6.00
7.00	Inventory	3,719,021	0	0	0	7.00
8.00	Prepaid expenses	2,379,467	0	0	0	8.00
9.00	Other current assets	22,721,432	0	0	0	9.00
10.00	Due from other funds	193,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	116,063,124	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,505,131	0	0	0	12.00
13.00	Land improvements	4,516,131	0	0	0	13.00
14.00	Accumulated depreciation	-2,696,955	0	0	0	14.00
15.00	Buildings	89,419,028	0	0	0	15.00
16.00	Accumulated depreciation	-43,146,184	0	0	0	16.00
17.00	Leasehold improvements	3,999,418	0	0	0	17.00
18.00	Accumulated depreciation	-94,659	0	0	0	18.00
19.00	Fixed equipment	5,291,444	0	0	0	19.00
20.00	Accumulated depreciation	-4,261,796	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	48,671,036	0	0	0	23.00
24.00	Accumulated depreciation	-35,989,012	0	0	0	24.00
25.00	Minor equipment depreciable	3,728,772	0	0	0	25.00
26.00	Accumulated depreciation	-3,331,226	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)	74,611,128	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,411,719	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	164,453,335	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	174,865,054	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,539,306	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,666,488	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,831,092	0	0	0	38.00
39.00	Payroll taxes payable	16,094	0	0	0	39.00
40.00	Notes and loans payable (short term)	26,351	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	1,082	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,541,107	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	29,331,961	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,652,250	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	38,984,211	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	53,525,318	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	312,013,988				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)	312,013,988	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,539,306	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0065

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

Worksheet G-1

Date/Time Prepared:
5/18/2018 10:30 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		292,649,823		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		19,364,165			2.00
3.00	Total (sum of line 1 and line 2)		312,013,988		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		312,013,988		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		312,013,988		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,268,705		6,268,705	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)	6,268,705		6,268,705	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,543,961		1,543,961	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)	1,543,961		1,543,961	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	7,812,666		7,812,666	17.00
18.00	Ancillary services	60,000,319	289,354,148	349,354,467	18.00
19.00	Outpatient services	0	0	0	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		2,419,071	2,419,071	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,141,131	2,141,131	26.00
27.00	OTHER OUTPATIENT	87,502	1,150,172	1,237,674	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	67,900,487	295,064,522	362,965,009	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		137,445,111		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		137,445,111		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0065

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

Worksheet G-3

Date/Time Prepared:
5/18/2018 10:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	362,965,009	1.00
2.00	Less contractual allowances and discounts on patients' accounts	222,181,554	2.00
3.00	Net patient revenues (line 1 minus line 2)	140,783,455	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	137,445,111	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,338,344	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	385,858	6.00
7.00	Income from investments	11,560,490	7.00
8.00	Revenues from telephone and other miscellaneous communication services	7,146	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	60,657	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	418,056	14.00
15.00	Revenue from rental of living quarters	620,491	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	165,933	17.00
18.00	Revenue from sale of medical records and abstracts	20,553	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,280	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	6,704	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	74,671	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	1,562,256	24.00
24.01	GRANT REVENUE	90,310	24.01
24.02	MISCELLANEOUS INCOME	1,053,998	24.02
24.03	UNREALIZED GAINS/LOSSES	-36,137	24.03
24.04	EHR INCENTIVE	29,555	24.04
25.00	Total other income (sum of lines 6-24)	16,025,821	25.00
26.00	Total (line 5 plus line 25)	19,364,165	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	19,364,165	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0065

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

Worksheet H

HHA CCN: 15-7155

Date/Time Prepared: 5/18/2018 10:30 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	471,674	0	4,289	25,979	104,226	606,168	5.00
HHA REIMBURSABLE SERVICES							
6.00	434,625	0	0	0	0	434,625	6.00
7.00	174,385	0	0	0	0	174,385	7.00
8.00	174,246	0	0	0	0	174,246	8.00
9.00	17,404	0	0	0	0	17,404	9.00
10.00	0	0	0	0	0	0	10.00
11.00	49,011	0	0	0	0	49,011	11.00
12.00	0	0	0	0	5,769	5,769	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	1,321,345	0	4,289	25,979	109,995	1,461,608	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	606,168	773	606,941			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	434,625	0	434,625			6.00
7.00	0	174,385	0	174,385			7.00
8.00	0	174,246	0	174,246			8.00
9.00	0	17,404	0	17,404			9.00
10.00	0	0	0	0			10.00
11.00	0	49,011	0	49,011			11.00
12.00	0	5,769	0	5,769			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	1,461,608	773	1,462,381			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
5/18/2018 10:30 am

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet H-1 Part I Date/Time Prepared: 5/18/2018 10:30 am
		HHA CCN: 15-7155	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					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	606,941	0	0	0	606,941	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	434,625	0	0	0	434,625	6.00	
7.00	Physical Therapy	174,385	0	0	0	174,385	7.00	
8.00	Occupational Therapy	174,246	0	0	0	174,246	8.00	
9.00	Speech Pathology	17,404	0	0	0	17,404	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	49,011	0	0	0	49,011	11.00	
12.00	Supplies (see instructions)	5,769	0	0	0	5,769	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	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)	1,462,381	0	0	0	1,462,381	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	606,941					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	308,370	742,995				6.00	
7.00	Physical Therapy	123,727	298,112				7.00	
8.00	Occupational Therapy	123,629	297,875				8.00	
9.00	Speech Pathology	12,348	29,752				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	34,774	83,785				11.00	
12.00	Supplies (see instructions)	4,093	9,862				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	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)		1,462,381				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 15-7155

To 12/31/2017

Part II
Date/Time Prepared:
5/18/2018 10:30 am

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						3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	1,690			0		1.00	
2.00	Capital Related - Movable Equipment		1,840		0		2.00	
3.00	Plant Operation & Maintenance	0	0	1,690	0		3.00	
4.00	Transportation (see instructions)	0	0	0	0		4.00	
5.00	Administrative and General	1,690	1,840	1,690	0	-606,941	855,440	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	434,625	6.00
7.00	Physical Therapy	0	0	0	0	0	174,385	7.00
8.00	Occupational Therapy	0	0	0	0	0	174,246	8.00
9.00	Speech Pathology	0	0	0	0	0	17,404	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	49,011	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	5,769	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,690	1,840	1,690	0	-606,941	855,440	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	606,941	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.709507	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0065	Period: From 01/01/2017	Worksheet H-2 Part I Date/Time Prepared: 5/18/2018 10:30 am
		HHA CCN: 15-7155	To 12/31/2017	
			Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	19,904	881	133,998	154,783	27,581	1.00
2.00 Skilled Nursing Care	742,995	0	0	123,271	866,266	154,359	2.00
3.00 Physical Therapy	298,112	0	0	49,460	347,572	61,934	3.00
4.00 Occupational Therapy	297,875	0	0	49,421	347,296	61,885	4.00
5.00 Speech Pathology	29,752	0	0	4,936	34,688	6,181	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	83,785	0	0	13,901	97,686	17,407	7.00
8.00 Supplies (see instructions)	9,862	0	0	0	9,862	1,757	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)	1,462,381	19,904	881	374,987	1,858,153	331,104	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	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	37,709	0	10,234	0	7,471	67,735	1.00
2.00 Skilled Nursing Care	0	0	0	0	9,506	86,173	2.00
3.00 Physical Therapy	0	0	0	0	2,648	24,011	3.00
4.00 Occupational Therapy	0	0	0	0	2,686	24,351	4.00
5.00 Speech Pathology	0	0	0	0	221	2,007	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	1,610	14,595	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)	37,709	0	10,234	0	24,142	218,872	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.
5/18/2018 10:30 am

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065

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

Worksheet H-2 Part I

HHA CCN: 15-7155

Date/Time Prepared: 5/18/2018 10:30 am

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	14,089	0	0	319,602	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,116,304	2.00
3.00 Physical Therapy	0	0	0	0	0	436,165	3.00
4.00 Occupational Therapy	0	0	0	0	0	436,218	4.00
5.00 Speech Pathology	0	0	0	0	0	43,097	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	131,298	7.00
8.00 Supplies (see instructions)	1,589	0	0	0	0	13,208	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)	1,589	0	14,089	0	0	2,495,892	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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	319,602					1.00
2.00 Skilled Nursing Care	0	1,116,304	163,937	1,280,241			2.00
3.00 Physical Therapy	0	436,165	64,053	500,218			3.00
4.00 Occupational Therapy	0	436,218	64,061	500,279			4.00
5.00 Speech Pathology	0	43,097	6,329	49,426			5.00
6.00 Medical Social Services	0	0	0	0			6.00
7.00 Home Health Aide	0	131,298	19,282	150,580			7.00
8.00 Supplies (see instructions)	0	13,208	1,940	15,148			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0			19.50
20.00 Total (sum of lines 1-19) (2)	0	2,495,892	319,602	2,495,892			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.			0.146856				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.
5/18/2018 10:30 am

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet H-2 Part II

HHA CCN: 15-7155

Date/Time Prepared: 5/18/2018 10:30 am

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,690	1,840	472,448	0	154,783	1,690	1.00
2.00 Skilled Nursing Care	0	0	434,625	0	866,266	0	2.00
3.00 Physical Therapy	0	0	174,385	0	347,572	0	3.00
4.00 Occupational Therapy	0	0	174,246	0	347,296	0	4.00
5.00 Speech Pathology	0	0	17,404	0	34,688	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	49,011	0	97,686	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	9,862	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)	1,690	1,840	1,322,119		1,858,153	1,690	20.00
21.00 Total cost to be allocated	19,904	881	374,987		331,104	37,709	21.00
22.00 Unit cost multiplier	11.777515	0.478804	0.283626		0.178190	22.313018	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	1,690	0	11,171	11,171	0	1.00
2.00 Skilled Nursing Care	0	0	0	14,212	14,212	0	2.00
3.00 Physical Therapy	0	0	0	3,960	3,960	0	3.00
4.00 Occupational Therapy	0	0	0	4,016	4,016	0	4.00
5.00 Speech Pathology	0	0	0	331	331	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	2,407	2,407	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	9,508	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	1,690	0	36,097	36,097	9,508	20.00
21.00 Total cost to be allocated	0	10,234	0	24,142	218,872	1,589	21.00
22.00 Unit cost multiplier	0.000000	6.055621	0.000000	0.668809	6.063440	0.167122	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2017

Part II
Date/Time Prepared: 5/18/2018 10:30 am

Home Health Agency I

PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)				
			15.00	16.00			
1.00 Administrative and General	0	2,419,071	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	2,419,071	0	0	0		20.00
21.00 Total cost to be allocated	0	14,089	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.005824	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/18/2018 10:30 am		
				HHA CCN: 15-7155	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,280,241		1,280,241	3,575	358.11	1.00
2.00	Physical Therapy	3.00	500,218	0	500,218	2,324	215.24	2.00
3.00	Occupational Therapy	4.00	500,279	0	500,279	1,499	333.74	3.00
4.00	Speech Pathology	5.00	49,426	0	49,426	139	355.58	4.00
5.00	Medical Social Services	6.00	0		0	23	0.00	5.00
6.00	Home Health Aide	7.00	150,580		150,580	1,168	128.92	6.00
7.00	Total (sum of lines 1-6)		2,480,744	0	2,480,744	8,728		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description								
Cost Limits		CBSA No. (1)	Part A	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		99915	0	1,815			8.00
8.01	Skilled Nursing Care		31140	0	13			8.01
8.02	Skilled Nursing Care		18020	0	51			8.02
9.00	Physical Therapy		99915	0	1,148			9.00
9.01	Physical Therapy		31140	0	28			9.01
9.02	Physical Therapy		18020	0	19			9.02
10.00	Occupational Therapy		99915	0	732			10.00
10.01	Occupational Therapy		31140	0	19			10.01
10.02	Occupational Therapy		18020	0	18			10.02
11.00	Speech Pathology		99915	0	34			11.00
11.01	Speech Pathology		31140	0	0			11.01
11.02	Speech Pathology		18020	0	6			11.02
12.00	Medical Social Services		99915	0	9			12.00
12.01	Medical Social Services		31140	0	0			12.01
12.02	Medical Social Services		18020	0	1			12.02
13.00	Home Health Aide		99915	0	393			13.00
13.01	Home Health Aide		31140	0	9			13.01
13.02	Home Health Aide		18020	0	89			13.02
14.00	Total (sum of lines 8-13)			0	4,384			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line		Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
0		1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	15,148	0	15,148	45,578	0.332353	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description								
Part A		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A		Subject to Deductibles & Coinsurance		
6.00		7.00	8.00	9.00		10.00		11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,879		0	672,889		1.00
2.00	Physical Therapy	0	1,195		0	257,212		2.00
3.00	Occupational Therapy	0	769		0	256,646		3.00
4.00	Speech Pathology	0	40		0	14,223		4.00
5.00	Medical Social Services	0	10		0	0		5.00
6.00	Home Health Aide	0	491		0	63,300		6.00
7.00	Total (sum of lines 1-6)	0	4,384		0	1,264,270		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/18/2018 10:30 am
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	15,602	0	0	5,185	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	672,889						1.00
2.00	Physical Therapy	257,212						2.00
3.00	Occupational Therapy	256,646						3.00
4.00	Speech Pathology	14,223						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	63,300						6.00
7.00	Total (sum of lines 1-6)	1,264,270						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0065

Period:

Worksheet H-3

HHA CCN: 15-7155

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

Part II
Date/Time Prepared:
5/18/2018 10:30 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.548241	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.267992	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.479360	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.327498	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.593182	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	667,703
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	50,671
13.00	Total PPS Reimbursement - LUPA Episodes		0	14,129
14.00	Total PPS Reimbursement - PEP Episodes		0	2,358
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	9,957
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,941
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	746,759
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	746,759
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	746,759
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	746,759
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	746,759
31.01	Sequestration adjustment (see instructions)		0	14,912
31.02	Demonstration payment adjustment amount after sequestration		0	1,173
32.00	Interim payments (see instructions)		0	730,674
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0065

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

Worksheet H-5

HHA CCN: 15-7155

Date/Time Prepared:
5/18/2018 10:30 am

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		730,674	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		730,674	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			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		1,173	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		731,847	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: 15-0065

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 15-1529

To 12/31/2017

Date/Time Prepared: 5/18/2018 10:30 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		12,000	12,000	0	12,000
2.00	CAP REL COSTS-MVBLE EQUIP*		11,808	11,808	0	11,808
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	24,280	45,323	69,603	0	69,603
5.00	PLANT OPERATION & MAINTENANCE*	0	15,461	15,461	0	15,461
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	5,864	5,864	0	5,864
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	2,879	2,879
14.00	PHARMACY*	0	1,681	1,681	0	1,681
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	3,336	3,336	0	3,336
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	81,762	566	82,328	0	82,328
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	317,254	0	317,254	0	317,254
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	79,720	79,720
34.00	SPIRITUAL COUNSELING**	108,507	0	108,507	-82,599	25,908
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	95,244	0	95,244	0	95,244
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	61,586	61,586	0	61,586
39.00	PATIENT TRANSPORTATION**	0	15,089	15,089	0	15,089
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	4,664	4,664	0	4,664
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	2,973	0	2,973	0	2,973
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	630,020	177,378	807,398	0	807,398

* 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: 15-0065

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 15-1529

To 12/31/2017

Date/Time Prepared: 5/18/2018 10:30 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	12,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	11,808	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	69,603	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	15,461	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	5,864	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	2,879	13.00
14.00	PHARMACY*	0	1,681	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	3,336	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	82,328	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	317,254	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	79,720	33.00
34.00	SPIRITUAL COUNSELING**	0	25,908	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	95,244	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	61,586	38.00
39.00	PATIENT TRANSPORTATION**	0	15,089	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	4,664	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	2,973	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	807,398	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: 15-0065

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

Worksheet 0-1

Hospice CCN: 15-1529

Date/Time Prepared:
5/18/2018 10:30 am

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	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 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	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 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-2 Date/Time Prepared: 5/18/2018 10:30 am
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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	78,743	545	79,288	0	79,288	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	305,538	0	305,538	0	305,538	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	76,776	76,776	33.00
34.00	SPIRITUAL COUNSELING	104,500	0	104,500	-79,549	24,951	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	91,727	0	91,727	0	91,727	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	61,586	61,586	0	61,586	38.00
39.00	PATIENT TRANSPORTATION	0	14,531	14,531	0	14,531	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,492	4,492	0	4,492	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)	2,863	0	2,863	0	2,863	46.00
100.00	TOTAL *	583,371	81,154	664,525	-2,773	661,752	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	79,288	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	305,538	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	76,776	33.00
34.00	SPIRITUAL COUNSELING	0	24,951	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	91,727	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	61,586	38.00
39.00	PATIENT TRANSPORTATION	0	14,531	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,492	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	2,863	46.00
100.00	TOTAL *	0	661,752	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: 15-0065

Period: From 01/01/2017

Worksheet 0-3

Hospice CCN: 15-1529

To 12/31/2017

Date/Time Prepared: 5/18/2018 10:30 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	2,436	17	2,453	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	9,453	0	9,453	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	2,375	33.00
34.00	SPIRITUAL COUNSELING	3,233	0	3,233	-2,461	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,838	0	2,838	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	450	450	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	139	139	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)	89	0	89	0	46.00
100.00	TOTAL *	18,049	606	18,655	-86	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	2,453
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	9,453
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	2,375
34.00	SPIRITUAL COUNSELING	0	772
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,838
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	450
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	139
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	89
100.00	TOTAL *	0	18,569

* 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: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-4 Date/Time Prepared: 5/18/2018 10:30 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	583	4	587	0	587	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,263	0	2,263	0	2,263	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	569	569	33.00
34.00	SPIRITUAL COUNSELING	774	0	774	-589	185	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	679	0	679	0	679	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	108	108	0	108	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	33	33	0	33	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)	21	0	21	0	21	46.00
100.00	TOTAL *	4,320	145	4,465	-20	4,445	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	587	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,263	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	569	33.00
34.00	SPIRITUAL COUNSELING	0	185	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	679	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	108	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	33	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	21	46.00
100.00	TOTAL *	0	4,445	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: 15-0065

Period: From 01/01/2017

Worksheet 0-5

Hospice CCN: 15-1529

To 12/31/2017

Date/Time Prepared: 5/18/2018 10:30 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	12,000	27,206	39,206	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,808	0	11,808	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	178,690	178,690	3.00
4.00	ADMINISTRATIVE & GENERAL	69,603	193,484	263,087	4.00
5.00	PLANT OPERATION & MAINTENANCE	15,461	51,544	67,005	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	13,988	13,988	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,864	1,760	7,624	10.00
11.00	MEDICAL RECORDS	0	12,470	12,470	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	2,879	0	2,879	13.00
14.00	PHARMACY	1,681	0	1,681	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	3,336	0	3,336	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	661,752	0	661,752	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	18,569	0	18,569	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,445	0	4,445	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	807,398	479,142	1,286,540	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part I
Date/Time Prepared:
5/18/2018 10:30 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	39,206	39,206			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,808		11,808		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	178,690	0	0	178,690	3.00
4.00	ADMINISTRATIVE & GENERAL	263,087	7,349	0	6,886	4.00
5.00	PLANT OPERATION & MAINTENANCE	67,005	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	13,988	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	2,427	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	7,624	1,018	11,808	0	10.00
11.00	MEDICAL RECORDS	12,470	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	2,879	0	0	0	13.00
14.00	PHARMACY	1,681	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	10,608	0	0	15.00
16.00	OTHER GENERAL SERVICE	3,336	4,854	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		3,615	0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	661,752			165,460	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	18,569	0	0	5,119	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,445	0	0	1,225	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	9,335	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	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
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	1,286,540	39,206	11,808	178,690	1,286,540

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part I
Date/Time Prepared:
5/18/2018 10:30 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	277,322					4.00
5.00 PLANT OPERATION & MAINTENANCE	18,412	85,417				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	3,844	0		17,832		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	667	5,285		1,104		9.00
10.00 ROUTINE MEDICAL SUPPLIES	5,619	2,218		463		10.00
11.00 MEDICAL RECORDS	3,427	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	791	0		0		13.00
14.00 PHARMACY	462	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	2,915	23,100		4,825		15.00
16.00 OTHER GENERAL SERVICE	2,251	10,571		2,208		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	993	7,873		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	227,309					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	6,509	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,558	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	2,565	20,329		4,246		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	16,041	0	4,986	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	277,322	85,417	0	17,832	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part I
Date/Time Prepared:
5/18/2018 10:30 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	9,483					9.00
10.00	0	28,750				10.00
11.00	0		15,897			11.00
12.00	0			0		12.00
13.00	0			0	3,670	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	3,670	16.00
17.00						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	2,845	27,688	15,310	0	0	51.00
52.00	2,845	857	474	0	0	52.00
53.00	2,845	205	113	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	948			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	9,483	28,750	15,897	0	3,670	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part I
Date/Time Prepared:
5/18/2018 10:30 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	2,143					14.00
15.00	0	41,448				15.00
16.00	2,143		29,033			16.00
17.00				12,481		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	39,917	27,961		1,168,242	51.00
52.00	0	1,235	865	10,070	46,543	52.00
53.00	0	296	207	2,411	13,305	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		37,423	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	21,027	71.00
99.00	0	0	0	0	0	99.00
100.00	2,143	41,448	29,033	12,481	1,286,540	100.00

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

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part II
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	2,310					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		61,586				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	630,020			3.00
4.00	ADMINISTRATIVE & GENERAL	433	0	24,280	-277,322	1,009,218	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	67,005	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	13,988	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	143	0	0	0	2,427	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60	61,586	0	0	20,450	10.00
11.00	MEDICAL RECORDS	0	0	0	0	12,470	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	2,879	13.00
14.00	PHARMACY	0	0	0	0	1,681	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625	0	0	0	10,608	15.00
16.00	OTHER GENERAL SERVICE	286	0	0	0	8,190	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213	0	0	0	3,615	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			583,371	0	827,212	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	18,049	0	23,688	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	4,320	0	5,670	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550	0	0	0	9,335	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	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)	39,206	11,808	178,690		277,322	100.00
101.00	UNIT COST MULTIPLIER	16.972294	0.191732	0.283626		0.274789	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part II
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	2,311					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		2,310			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	143		143		100	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60		60		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	625		625		0	15.00
16.00	OTHER GENERAL SERVICE	286		286		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					30	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	30	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	30	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550		550		10	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	434	0	646	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	85,417	0	17,832	0	9,483	100.00
101.00	UNIT COST MULTIPLIER	36.961056	0.000000	7.719481	0.000000	94.830000	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part II
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,692					10.00
11.00	MEDICAL RECORDS		8,692				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	100	100	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	8,371	8,371	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	259	259	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	62	62	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	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)	28,750	15,897	0	3,670	2,143	100.00
101.00	UNIT COST MULTIPLIER	3.307639	1.828923	0.000000	36.700000	21.430000	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2017

Part II
Date/Time Prepared:
5/18/2018 10:30 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	8,692				15.00
16.00	OTHER GENERAL SERVICE		8,692			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			321		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	8,371	8,371			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	259	259	259		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	62	62	62		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	41,448	29,033	12,481		100.00
101.00	UNIT COST MULTIPLIER	4.768523	3.340198	38.881620		101.00

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

Provider CCN: 15-0065

Period: From 01/01/2017

Worksheet 0-7

Hospice CCN: 15-1529

To 12/31/2017

Date/Time Prepared: 5/18/2018 10:30 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.548241	0	0	502	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.267992	0	0	778	2.00
3.00	SPEECH PATHOLOGY	68.00	0.479360	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.593182	0	0	53,131	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.111263	0	0	3,112	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.327498	0	0	16,968	7.00
8.00	BEHAVIORAL HEALTH	93.00	1.039947	0	0	455	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	WOUND CARE (DIABETES CENTER)	76.00	0.439457	0	0	198,446	10.00
10.02	CASE MANAGEMENT	76.02	1.620114	0	0	0	10.02
10.03	PAIN MANAGEMENT	76.03	0.488850	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	2.833749	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	275	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	208	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	31,516	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	346	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,525	0	7.00
8.00	BEHAVIORAL HEALTH	0	0	0	473	0	8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	WOUND CARE (DIABETES CENTER)	0	0	0	87,208	0	10.00
10.02	CASE MANAGEMENT	0	0	0	0	0	10.02
10.03	PAIN MANAGEMENT	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	142,551	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0065

Period:

Worksheet 0-8

Hospice CCN: 15-1529

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

Date/Time Prepared:
5/18/2018 10:30 am

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,168,242	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			8,371	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			139.56	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	8,115	231		9.00
10.00	Program cost (line 8 times line 9)	1,132,529	32,238		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			189,094	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			259	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			730.09	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	238	15		14.00
15.00	Program cost (line 13 times line 14)	173,761	10,951		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			13,305	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			62	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			214.60	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	41	5		19.00
20.00	Program cost (line 18 times line 19)	8,799	1,073		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,370,641	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			8,692	22.00
23.00	Average cost per diem (line 21 divided by line 22)			157.69	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/18/2018 10:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		527,848	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,562	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)		26.19	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		577,410	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00