

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 11:13 am
--	-----------------------	---------------------------------------	--

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/29/2018 Time: 11:13 am
 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:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter 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 MONROE CLINIC (52-0028) 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	754,854	219,003	0	2,795,001	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	754,854	219,003	0	2,795,001	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:12 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 515 22ND AVENUE			PO Box:							1.00
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MONROE CLINIC	520028	31540	1	07/01/1966	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										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		MONROE CLINIC HOMECARE	527157	31540		05/21/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		MONROE CLINIC HOSPICE	521523	31540		09/01/1988				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
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		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 days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPFS 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.			909	152	0	0	546	0	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 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.			0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:12 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.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	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.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	Y			59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:12 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) Teaching Hospitals that Claim Residents in Nonprovider Settings						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: 52-0028

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2018 11:12 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
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:12 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		Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N				110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:12 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.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	306,674	0	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		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:12 am
---	--	-----------------------	---	--

		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.								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		
161.10	CORF		N	N	N			161.10		
								1.00		
Multi campus										
165.00	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)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
					Beginning	Ending				
					1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							10/01/2016	09/30/2017	170.00
								1.00		
								2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:12 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/08/2018	Y	05/08/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:12 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
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.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
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.	JOE	SVETLIK		41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343	JSVETLIK@RWHC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:12 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.	FINANCIAL CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					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	52	18,980	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		52	18,980	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		58	21,170	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		58				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,651	846	7,393			1.00
2.00 HMO and other (see instructions)	1,098	546				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,651	846	7,393			7.00
8.00 INTENSIVE CARE UNIT	633	117	1,024			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		98	860			13.00
14.00 Total (see instructions)	4,284	1,061	9,277	0.89	992.91	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	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	6,513	0	11,480	0.00	18.79	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.89	1,011.70	27.00
28.00 Observation Bed Days		0	295			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	3			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 11:12 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	1,150	71	2,540	1.00
2.00	HMO and other (see instructions)			279	296		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,150	71	2,540	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 11:12 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	82,378,232	0	82,378,232	2,104,336.00	39.15
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		29,678,921	0	29,678,921	223,121.60	133.02
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	42,351	42,351	7,862.40	5.39
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,518,208	20,959	4,539,167	149,385.60	30.39
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		824,172	0	824,172	12,663.77	65.08
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,484,544	0	11,484,544		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,014,386	0	1,014,386		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,931,854	0	3,931,854		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,009,799	1,151,588	2,161,387	38,792.00	55.72
27.00	Administrative & General	5.00	11,958,333	-1,151,588	10,806,745	297,689.60	36.30

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 11:12 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.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,239,797	0	1,239,797	47,673.60	26.01	29.00
30.00	Operation of Plant	7.00	219,249	0	219,249	5,470.40	40.08	30.00
31.00	Laundry & Linen Service	8.00	137,644	0	137,644	12,438.40	11.07	31.00
32.00	Housekeeping	9.00	631,945	0	631,945	47,216.00	13.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	824,134	0	824,134	57,553.60	14.32	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	124,507	0	124,507	2,912.00	42.76	38.00
39.00	Central Services and Supply	14.00	392,956	0	392,956	23,816.00	16.50	39.00
40.00	Pharmacy	15.00	1,635,385	0	1,635,385	41,704.00	39.21	40.00
41.00	Medical Records & Medical Records Library	16.00	365,188	0	365,188	23,420.80	15.59	41.00
42.00	Social Service	17.00	117,642	0	117,642	4,513.60	26.06	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2018 11:12 am

	Worksheet A Line Number	Amount Reported	Recl assifi 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)	52,699,311	-42,351	52,656,960	1,873,352.00	28.11	1.00
2.00	Excluded area salaries (see instructions)	4,518,208	20,959	4,539,167	149,385.60	30.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,181,103	-63,310	48,117,793	1,723,966.40	27.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	824,172	0	824,172	12,663.77	65.08	4.00
5.00	Subtotal wage-related costs (see inst.)	11,484,544	0	11,484,544	0.00	23.87	5.00
6.00	Total (sum of lines 3 thru 5)	60,489,819	-63,310	60,426,509	1,736,630.17	34.80	6.00
7.00	Total overhead cost (see instructions)	18,656,579	0	18,656,579	603,200.00	30.93	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 11:12 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			361,438 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			3,378,014 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			6,098,175 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			274,370 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			70,448 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)			485,683 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			399,380 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			5,078,242 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			16,587 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			268,447 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			16,430,784 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: 52-0028

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2018 11:12 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	824,172	16,430,784	1.00
2.00	Hospital	824,172	16,430,784	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 52-0028 Component CCN: 52-7157		Period: From 01/01/2017 To 12/31/2017		Worksheet S-4 Date/Time Prepared: 5/29/2018 11:12 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			GREEN		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	890	1,008	93	1,991	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	447.00	611.00	133.00	1,191.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.90	0.00	0.90	4.00
5.00	Other Administrative Personnel			2.95	0.00	2.95	5.00
6.00	Direct Nursing Service			7.10	1.13	8.23	6.00
7.00	Nursing Supervisor			1.16	0.00	1.16	7.00
8.00	Physical Therapy Service			1.74	0.34	2.08	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.60	0.00	1.60	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.08	0.08	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.12	0.00	0.12	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.19	0.00	1.19	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	27500					20.00
20.01		31540					20.01
20.02		40420					20.02
20.03		50184					20.03
20.04		50185					20.04
20.05		99914					20.05
20.06		99952					20.06
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,939	642	123	45	3,749	21.00
22.00	Skilled Nursing Visit Charges	564,096	123,264	23,616	8,640	719,616	22.00
23.00	Physical Therapy Visits	928	43	27	1	999	23.00
24.00	Physical Therapy Visit Charges	187,456	8,686	5,454	202	201,798	24.00
25.00	Occupational Therapy Visits	680	61	10	2	753	25.00
26.00	Occupational Therapy Visit Charges	157,720	14,152	2,320	464	174,656	26.00
27.00	Speech Pathology Visits	30	2	0	0	32	27.00
28.00	Speech Pathology Visit Charges	7,290	486	0	0	7,776	28.00
29.00	Medical Social Service Visits	40	10	2	1	53	29.00
30.00	Medical Social Service Visit Charges	9,000	2,250	450	225	11,925	30.00
31.00	Home Health Aide Visits	632	295	0	0	927	31.00
32.00	Home Health Aide Visit Charges	58,144	27,140	0	0	85,284	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,249	1,053	162	49	6,513	33.00
34.00	Other Charges	40,338	11,191	294	394	52,217	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,024,044	187,169	32,134	9,925	1,253,272	35.00
36.00	Total Number of Episodes (standard/non outlier)	382		54	7	443	36.00
37.00	Total Number of Outlier Episodes		29		0	29	37.00
38.00	Total Non-Routine Medical Supply Charges	46,438	11,749	5,943	5,708	69,838	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2017 To 12/31/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/29/2018 11:12 am
		Hospice I		

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	14,878	0	0	14,878	11.00
12.00	Hospice Inpatient Respite Care	10	0	0	10	12.00
13.00	Hospice General Inpatient Care	5	0	0	5	13.00
14.00	Total Hospice Days	14,893	0	0	14,893	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 11:12 am
---	-----------------------	---	---

			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)		0.365732	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,145,285	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		35,008,086	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,803,577	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)		9,658,292	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,658,292	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)	3,652,744	0	3,652,744	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,335,925	0	1,335,925	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,335,925	0	1,335,925	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,794,994	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			325,303	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			500,466	27.01
28.00	Non-Medicare bad debt expense (see instructions)			5,294,528	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,111,541	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,447,466	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,105,758	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		5,853,554	5,853,554	-970,534	4,883,020	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,009,799	1,832,722	2,842,521	1,626,302	4,468,823	4.00
5.01 00550 DATA PROCESSING	3,828,301	9,158,699	12,987,000	-491,844	12,495,156	5.01
5.02 00540 NONPATIENT TELEPHONES	156,917	77,868	234,785	289,204	523,989	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	138,738	35,349	174,087	0	174,087	5.03
5.04 00570 ADMITTING	0	0	0	0	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	571,110	346,443	917,553	0	917,553	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	7,263,267	10,350,552	17,613,819	-2,338,013	15,275,806	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,239,797	3,614,966	4,854,763	-1,510,823	3,343,940	6.00
7.00 00700 OPERATION OF PLANT	219,249	158,301	377,550	1,151,247	1,528,797	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	137,644	140,041	277,685	0	277,685	8.00
9.00 00900 HOUSEKEEPING	631,945	736,015	1,367,960	-261,648	1,106,312	9.00
10.00 01000 DIETARY	824,134	833,449	1,657,583	0	1,657,583	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	124,507	122,908	247,415	0	247,415	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	392,956	872,342	1,265,298	-322,764	942,534	14.00
15.00 01500 PHARMACY	1,635,385	2,372,271	4,007,656	0	4,007,656	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	365,188	211,178	576,366	0	576,366	16.00
17.00 01700 SOCIAL SERVICE	117,642	29,693	147,335	0	147,335	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,606	17,606	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02301 PARAMED PRGM- PHARMACY	238,100	66,328	304,428	24,745	329,173	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,918,349	2,498,764	7,417,113	-14,400	7,402,713	30.00
31.00 03100 INTENSIVE CARE UNIT	923,154	506,630	1,429,784	-7,040	1,422,744	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	357,143	131,159	488,302	0	488,302	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,521,813	4,657,215	6,179,028	-1,899,936	4,279,092	50.00
51.00 05100 RECOVERY ROOM	276,451	107,740	384,191	-2,623	381,568	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	431,034	158,295	589,329	-23,375	565,954	52.00
53.00 05300 ANESTHESIOLOGY	1,533,291	1,664,620	3,197,911	-61,167	3,136,744	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,367,477	1,748,882	3,116,359	-508,082	2,608,277	54.00
57.00 05700 CT SCAN	313,670	463,345	777,015	-64,148	712,867	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	271,073	373,054	644,127	-62,684	581,443	58.00
59.00 05900 CARDIAC CATHETERIZATION	349,755	1,045,811	1,395,566	-572,564	823,002	59.00
60.00 06000 LABORATORY	2,817,088	3,743,708	6,560,796	0	6,560,796	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	572,909	304,329	877,238	-19,459	857,779	65.00
66.00 06600 PHYSICAL THERAPY	1,134,046	403,756	1,537,802	-5,021	1,532,781	66.00
67.00 06700 OCCUPATIONAL THERAPY	313,834	89,191	403,025	-416	402,609	67.00
68.00 06800 SPEECH PATHOLOGY	411	187,607	188,018	0	188,018	68.00
69.00 06900 ELECTROCARDIOLOGY	284,213	173,773	457,986	-41	457,945	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,278,399	2,278,399	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,439,388	1,439,388	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,107,191	338,927	1,446,118	-2,560	1,443,558	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	329,443	430,706	760,149	-133,766	626,383	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	36,341,723	21,326,014	57,667,737	2,481,364	60,149,101	90.00
91.00 09100 EMERGENCY	3,797,626	2,040,916	5,838,542	-17,347	5,821,195	91.00
91.01 09101 CARDIAC REHAB	241,751	83,762	325,513	-394	325,119	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	533,007	348,157	881,164	-17,606	863,558	100.00
101.00 10100 HOME HEALTH AGENCY	1,212,355	779,301	1,991,656	0	1,991,656	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	902,627	803,020	1,705,647	0	1,705,647	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	80,746,113	81,221,361	161,967,474	0	161,967,474	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/29/2018 11:12 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,157	325,100	437,257	0	437,257	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,519,962	5,556,253	7,076,215	0	7,076,215	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	82,378,232	87,102,714	169,480,946	0	169,480,946	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,404,863	3,478,157	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,468,823	4.00
5.01	00550	DATA PROCESSING	0	12,495,156	5.01
5.02	00540	NONPATIENT TELEPHONES	0	523,989	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	174,087	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	917,553	5.05
5.06	00590	OTHER ADMINISTRATION & GENERAL	-452,314	14,823,492	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,343,940	6.00
7.00	00700	OPERATION OF PLANT	-1,001	1,527,796	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-4,009	273,676	8.00
9.00	00900	HOUSEKEEPING	0	1,106,312	9.00
10.00	01000	DIETARY	-575,295	1,082,288	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-855	246,560	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-17,105	925,429	14.00
15.00	01500	PHARMACY	-786	4,006,870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-60	576,306	16.00
17.00	01700	SOCIAL SERVICE	0	147,335	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	17,606	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	0	329,173	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,388,395	4,014,318	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,422,744	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	488,302	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,279,092	50.00
51.00	05100	RECOVERY ROOM	0	381,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	565,954	52.00
53.00	05300	ANESTHESIOLOGY	-2,983,249	153,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,608,277	54.00
57.00	05700	CT SCAN	0	712,867	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	581,443	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	823,002	59.00
60.00	06000	LABORATORY	-826,673	5,734,123	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	857,779	65.00
66.00	06600	PHYSICAL THERAPY	-5,736	1,527,045	66.00
67.00	06700	OCCUPATIONAL THERAPY	-10,321	392,288	67.00
68.00	06800	SPEECH PATHOLOGY	0	188,018	68.00
69.00	06900	ELECTROCARDIOLOGY	0	457,945	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,278,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,439,388	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,443,558	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	626,383	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-27,120,188	33,028,913	90.00
91.00	09100	EMERGENCY	-2,300,978	3,520,217	91.00
91.01	09101	CARDIAC REHAB	0	325,119	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	-275,258	588,300	100.00
101.00	10100	HOME HEALTH AGENCY	0	1,991,656	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,705,647	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-39,367,086	122,600,388	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	437,257	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/29/2018 11:12 am
---	--	-----------------------	---	--

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.00	07950	6.00	7.00	
194.00	07950	0	0	194.00
194.01	07951	0	0	194.01
194.02	07952	0	0	194.02
194.03	07953	0	0	194.03
194.04	07954	0	7,076,215	194.04
200.00		-39,367,086	130,113,860	200.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 11:12 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - TO RECLASSIFY PHONE COSTS					
1.00	NONPATIENT TELEPHONES	5.02	0	491,844	1.00
	TOTALS		0	491,844	
B - TO RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	1,439,388	1.00
	PATIENT				
2.00		0.00	0	0	2.00
	TOTALS		0	1,439,388	
C - TO RECLASS M/S COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	2,278,512	1.00
	PATIENTS				
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	TOTALS		0	2,278,512	
D - TO RECLASSIFY UNEMPLOYMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,587	1.00
	TOTALS		0	16,587	
E - TO RECLASSIFY WORKERS COMP					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	225,517	1.00
	TOTALS		0	225,517	
F - TO RECLASSIFY RETIREMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	232,610	1.00
	TOTALS		0	232,610	
H - PHARMACY RESIDENT PRECEPTOR					
1.00	PARAMED ED PRGM- PHARMACY	23.00	20,959	3,786	1.00
	TOTALS		20,959	3,786	
I - TO RECLASSIFY RENTAL SPD					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	113	1.00
	TOTALS		0	113	
J - TO RECLASS CLINIC DEPRECIATION					
1.00	CLINIC	90.00	0	970,534	1.00
	TOTALS		0	970,534	
L - TO RECLASS CLINIC HSKPG					
1.00	CLINIC	90.00	0	261,648	1.00
	TOTALS		0	261,648	
M - TO RECLASS PROP TAXES					
1.00	CLINIC	90.00	0	600,936	1.00
	TOTALS		0	600,936	
O - TO RECLASS UTILITIES TO PLANT					
1.00	OPERATION OF PLANT	7.00	0	1,510,823	1.00
	TOTALS		0	1,510,823	
P - TO RECLASS GAIN SHARE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,151,588	0	1.00
	TOTALS		1,151,588	0	
Q - TO RECLASS PROPERTY INSURANCE					
1.00	CLINIC	90.00	0	110,775	1.00
	TOTALS		0	110,775	
S - TO RECLASSIFY RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	17,606	1.00
	TOTALS		0	17,606	
T - TO RECLASS CLINIC PHONE EXPENSE					
1.00	CLINIC	90.00	0	202,640	1.00
	TOTALS		0	202,640	
U - TO RECLASSIFY CLINIC UTILITIES					
1.00	CLINIC	90.00	0	359,576	1.00
	TOTALS		0	359,576	
500.00	Grand Total: Increases		1,172,547	8,722,895	500.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 11:12 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - TO RECLASSIFY PHONE COSTS							
1.00	DATA PROCESSING	5.01	0	491,844	0		1.00
	TOTALS		0	491,844			
B - TO RECLASS IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	1,031,837	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	407,551	0		2.00
	TOTALS		0	1,439,388			
C - TO RECLASS M/S COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	322,877	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14,400	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	7,040	0		3.00
4.00	OPERATING ROOM	50.00	0	868,099	0		4.00
5.00	RECOVERY ROOM	51.00	0	2,623	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,375	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	61,167	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	508,082	0		8.00
9.00	CT SCAN	57.00	0	64,148	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	62,684	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	165,013	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	19,459	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	5,021	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	416	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	41	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	2,560	0		16.00
17.00	PROCTO/ENTERO/GASTRO	75.01	0	133,766	0		17.00
18.00	EMERGENCY	91.00	0	17,347	0		18.00
19.00	CARDIAC REHAB	91.01	0	394	0		19.00
	TOTALS		0	2,278,512			
D - TO RECLASSIFY UNEMPLOYMENT							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	16,587	0		1.00
	TOTALS		0	16,587			
E - TO RECLASSIFY WORKERS COMP							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	225,517	0		1.00
	TOTALS		0	225,517			
F - TO RECLASSIFY RETIREMENT							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	232,610	0		1.00
	TOTALS		0	232,610			
H - PHARMACY RESIDENT PRECEPTOR							
1.00	CLINIC	90.00	20,959	3,786	0		1.00
	TOTALS		20,959	3,786			
I - TO RECLASSIFY RENTAL SPD							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	113	0		1.00
	TOTALS		0	113			
J - TO RECLASS CLINIC DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	970,534	9		1.00
	TOTALS		0	970,534			
L - TO RECLASS CLINIC HSKPG							
1.00	HOUSEKEEPING	9.00	0	261,648	0		1.00
	TOTALS		0	261,648			
M - TO RECLASS PROP TAXES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	600,936	0		1.00
	TOTALS		0	600,936			
O - TO RECLASS UTILITIES TO PLANT							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,510,823	0		1.00
	TOTALS		0	1,510,823			
P - TO RECLASS GAIN SHARE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	1,151,588	0	0		1.00
	TOTALS		1,151,588	0			
Q - TO RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	110,775	12		1.00
	TOTALS		0	110,775			
S - TO RECLASSIFY RESIDENT SALARIES							
1.00	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	17,606	0		1.00
	TOTALS		0	17,606			

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 11:12 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
T - TO RECLASS CLINIC PHONE EXPENSE								
1.00	NONPATIENT TELEPHONES	5.02	0	202,640	0			1.00
	TOTALS		0	202,640				
U - TO RECLASSIFY CLINIC UTILITIES								
1.00	OPERATION OF PLANT	7.00	0	359,576	0			1.00
	TOTALS		0	359,576				
500.00	Grand Total: Decreases		1,172,547	8,722,895				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2018 11:12 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,685,302	36,000	0	36,000	0	1.00
2.00	Land Improvements	6,327,381	461,849	0	461,849	7,903	2.00
3.00	Buildings and Fixtures	92,354,065	2,096,958	0	2,096,958	8,744,291	3.00
4.00	Building Improvements	44,091,169	921,708	0	921,708	4,605,244	4.00
5.00	Fixed Equipment	9,008,355	8,032	0	8,032	1,680,718	5.00
6.00	Movable Equipment	81,484,440	3,561,614	0	3,561,614	823,477	6.00
7.00	HIT designated Assets	3,731,958	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	238,682,670	7,086,161	0	7,086,161	15,861,633	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	238,682,670	7,086,161	0	7,086,161	15,861,633	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,721,302	0				1.00
2.00	Land Improvements	6,781,327	0				2.00
3.00	Buildings and Fixtures	85,706,732	0				3.00
4.00	Building Improvements	40,407,633	0				4.00
5.00	Fixed Equipment	7,335,669	0				5.00
6.00	Movable Equipment	84,222,577	0				6.00
7.00	HIT designated Assets	3,731,958	0				7.00
8.00	Subtotal (sum of lines 1-7)	229,907,198	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	229,907,198	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,853,554	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,853,554	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	5,853,554				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,853,554				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 11:12 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	NEW CAP REL COSTS-BLDG & FIXT	141,952,663	0	141,952,663	0.617435	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	87,954,535	0	87,954,535	0.382565	0	2.00
3.00	Total (sum of lines 1-2)	229,907,198	0	229,907,198	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,883,020	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,883,020	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,404,863	0	0	0	3,478,157	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	-1,404,863	0	0	0	3,478,157	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 11:12 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-1,404,863	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-17,105	CENTRAL SERVICES & SUPPLY		14.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00		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	-31,741,699					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	B	-4,009	LAUNDRY & LINEN SERVICE		8.00		0 13.00
14.00	Cafeteria-employees and guests	B	-575,295	DIETARY		10.00		0 14.00
15.00	Rental of quarters to employee and others		0			0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00	Sale of drugs to other than patients	B	-786	PHARMACY		15.00		0 17.00
18.00	Sale of medical records and abstracts	B	-60	MEDICAL RECORDS & LIBRARY		16.00		0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00	Vending machines	B	-1,001	OPERATION OF PLANT		7.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 11:12 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	4.00	5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 HOSPITALIST MID LEVEL SALARIES	A	-699,199	ADULTS & PEDIATRICS	30.00	0	33.00
34.00 HOSPITALIST MID LEVEL FRINGES	A	-165,710	ADULTS & PEDIATRICS	30.00	0	34.00
35.00 OUTREACH REVENUE	B	-855	NURSING ADMINISTRATION	13.00	0	35.00
35.01 ADVERTISING EXPENSE	A	-38,548	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.01
36.00 MISC REVENUE	B	-22,282	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00 MID LEVEL SALARIES	A	-3,253,005	CLINIC	90.00	0	37.00
38.00 MID LEVEL FRINGE BENEFITS	A	-770,962	CLINIC	90.00	0	38.00
39.00 E/R MID LEVEL	A	-307,512	CLINIC	90.00	0	39.00
40.00 E/R MID LEVEL FRINGES	A	-72,880	CLINIC	90.00	0	40.00
41.00 RURAL RESIDENCY GRANT	B	-275,258	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	41.00
42.00 PT OUTREACH	A	-5,736	PHYSICAL THERAPY	66.00	0	42.00
43.00 OT OUTREACH	A	-10,321	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-39,367,086				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: 52-0028

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2018 11:12 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	91.00	EMERGENCY	1,386,891	1,386,891	0	0	0	1.00
2.00	91.00	EMERGENCY	153,247	153,247	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	187,614	187,614	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	203,870	203,870	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,495,620	1,495,620	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	145,470	145,470	0	0	0	6.00
7.00	60.00	LABORATORY	752,462	752,462	0	0	0	7.00
8.00	60.00	LABORATORY	74,211	74,211	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,267,513	1,267,513	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	140,566	140,566	0	0	0	10.00
11.00	90.00	CLINIC	19,892,525	19,892,525	0	0	0	11.00
12.00	90.00	CLINIC	2,309,191	2,309,191	0	0	0	12.00
13.00	91.00	EMERGENCY	760,840	760,840	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	1,342,159	1,342,159	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	1,115,407	1,115,407	0	0	0	15.00
16.00	90.00	CLINIC	514,113	514,113	0	0	0	16.00
200.00			31,741,699	31,741,699	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	1,386,891		1.00
2.00	91.00	EMERGENCY	0	0	0	153,247		2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	187,614		3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	203,870		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,495,620		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	145,470		6.00
7.00	60.00	LABORATORY	0	0	0	752,462		7.00
8.00	60.00	LABORATORY	0	0	0	74,211		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,267,513		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	140,566		10.00
11.00	90.00	CLINIC	0	0	0	19,892,525		11.00
12.00	90.00	CLINIC	0	0	0	2,309,191		12.00
13.00	91.00	EMERGENCY	0	0	0	760,840		13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	1,342,159		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,115,407		15.00
16.00	90.00	CLINIC	0	0	0	514,113		16.00
200.00			0	0	0	31,741,699		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	3,478,157	3,478,157				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,468,823	51,127		4,519,950		4.00
5.01 00550 DATA PROCESSING	12,495,156	26,452		215,713	12,737,321	5.01
5.02 00540 NONPATIENT TELEPHONES	523,989	2,638		8,842	20,544	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	174,087	3,518		7,817	61,632	5.03
5.04 00570 ADMITTING	0	15,846		0	123,264	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	917,553	43,969		32,180	369,793	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	14,823,492	112,261		344,375	1,109,380	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,343,940	53,774		69,859	451,969	6.00
7.00 00700 OPERATION OF PLANT	1,527,796	1,353,547		12,354	61,632	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	273,676	47,337		7,756	41,088	8.00
9.00 00900 HOUSEKEEPING	1,106,312	27,612		35,608	41,088	9.00
10.00 01000 DIETARY	1,082,288	74,941		46,437	61,632	10.00
11.00 01100 CAFETERIA	0	0		0	0	11.00
13.00 01300 NURSING ADMINISTRATION	246,560	12,364		7,016	20,544	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	925,429	42,386		22,142	102,720	14.00
15.00 01500 PHARMACY	4,006,870	17,245		92,149	287,617	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	576,306	107,882		20,577	246,529	16.00
17.00 01700 SOCIAL SERVICE	147,335	6,525		6,629	41,088	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	17,606	0		0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0	0	22.00
23.00 02301 PARAMED ED PRGM- PHARMACY	329,173	950		14,597	41,088	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,014,318	346,914		277,134	1,417,541	30.00
31.00 03100 INTENSIVE CARE UNIT	1,422,744	48,348		52,017	267,073	31.00
41.00 04100 SUBPROVIDER - I&R	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	488,302	6,912		20,124	20,544	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,279,092	129,277		85,750	472,514	50.00
51.00 05100 RECOVERY ROOM	381,568	18,177		15,577	61,632	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	565,954	14,774		20,287	20,544	52.00
53.00 05300 ANESTHESIOLOGY	153,495	0		86,396	102,720	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,608,277	85,264		77,053	225,985	54.00
57.00 05700 CT SCAN	712,867	14,211		17,674	20,544	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	581,443	42,632		15,274	20,544	58.00
59.00 05900 CARDIAC CATHETERIZATION	823,002	32,915		19,708	123,264	59.00
60.00 06000 LABORATORY	5,734,123	72,074		158,734	575,234	60.00
60.01 06001 BLOOD LABORATORY	0	0		0	0	60.01
65.00 06500 RESPIRATORY THERAPY	857,779	7,774		32,282	61,632	65.00
66.00 06600 PHYSICAL THERAPY	1,527,045	95,861		63,900	164,353	66.00
67.00 06700 OCCUPATIONAL THERAPY	392,288	4,502		17,684	82,176	67.00
68.00 06800 SPEECH PATHOLOGY	188,018	2,374		23	20,544	68.00
69.00 06900 ELECTROCARDIOLOGY	457,945	0		16,015	41,088	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,278,399	0		0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,439,388	0		0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,443,558	61,715		62,387	205,441	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	626,383	16,919		18,563	61,632	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90.00 09000 CLINIC	33,028,913	0		2,046,539	4,026,639	90.00
91.00 09100 EMERGENCY	3,520,217	119,138		213,985	657,410	91.00
91.01 09101 CARDIAC REHAB	325,119	37,083		13,622	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0		0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	588,300	1,407		30,033	41,088	100.00
101.00 10100 HOME HEALTH AGENCY	1,991,656	80,489		68,313	431,425	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0		0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0		0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0		0	0	113.00
116.00 11600 HOSPICE	1,705,647	74,052		50,860	225,985	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	122,600,388	3,313,186	0	4,427,985	12,429,160	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	437,257	18,177	0	6,320	41,088	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	49,245	0	0	0	192.00
194.00	07950 MONROE CLINIC INN	0	58,874	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	7,076,215	38,675	0	85,645	267,073	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	130,113,860	3,478,157	0	4,519,950	12,737,321	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B Part I Date/Time Prepared: 5/29/2018 11:12 am

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES	556,013					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,748	252,802				5.03
5.04	00570	ADMINISTRATIVE	5,748	0	144,858			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	34,487	103	0	1,398,085		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	91,966	1,125	0	0	16,482,599	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,580	1,469	0	0	3,930,591	6.00
7.00	00700	OPERATION OF PLANT	5,748	30	0	0	2,961,107	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,832	752	0	0	374,441	8.00
9.00	00900	HOUSEKEEPING	3,832	1,582	0	0	1,216,034	9.00
10.00	01000	DIETARY	5,748	499	0	0	1,271,545	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,916	51	0	0	288,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,664	4,725	0	0	1,105,066	14.00
15.00	01500	PHARMACY	7,664	430	0	0	4,411,975	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,580	8	0	0	960,882	16.00
17.00	01700	SOCIAL SERVICE	3,832	1	0	0	205,410	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	17,606	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	1,916	2	0	0	387,726	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,992	1,224	7,610	63,225	6,150,958	30.00
31.00	03100	INTENSIVE CARE UNIT	7,664	445	1,754	14,572	1,814,617	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,916	0	619	5,146	543,563	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,496	39,001	29,714	247,400	5,294,244	50.00
51.00	05100	RECOVERY ROOM	3,832	131	1,900	15,787	498,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,916	0	2,183	18,137	647,795	52.00
53.00	05300	ANESTHESIOLOGY	3,832	1,058	10,475	87,031	445,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,244	5,868	11,115	92,355	3,123,161	54.00
57.00	05700	CT SCAN	1,916	1,524	15,611	129,703	914,050	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,916	782	9,949	82,662	755,202	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,664	7,244	1,634	13,578	1,029,009	59.00
60.00	06000	LABORATORY	30,655	1,333	11,442	272,818	6,856,413	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,748	834	4,862	40,398	1,011,309	65.00
66.00	06600	PHYSICAL THERAPY	11,496	334	5,378	60,196	1,928,563	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,832	42	1,663	14,548	516,735	67.00
68.00	06800	SPEECH PATHOLOGY	1,916	7	864	7,180	220,926	68.00
69.00	06900	ELECTROCARDIOLOGY	1,916	723	5,485	45,571	568,743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,278,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,439,388	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,832	253	2,752	22,863	1,802,801	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	1,916	2,551	0	0	727,964	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	164,770	114,082	0	0	39,380,943	90.00
91.00	09100	EMERGENCY	13,412	1,479	19,385	161,064	4,706,090	91.00
91.01	09101	CARDIAC REHAB	0	0	463	3,851	380,138	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	3,832	5	0	0	664,665	100.00
101.00	10100	HOME HEALTH AGENCY	7,664	645	0	0	2,580,192	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	4,215	1,932	0	0	2,062,691	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	536,853	192,274	144,858	1,398,085	121,955,603	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	3,832	3,048	0	0	509,722	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	49,245	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
194.00	07950 MONROE CLINIC INN	0	0	0	0	58,874	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	15,328	57,480	0	0	7,540,416	194.04
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	556,013	252,802	144,858	1,398,085	130,113,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	16,482,599					5.06
6.00	00600	MAINTENANCE & REPAIRS	570,144	4,500,735				6.00
7.00	00700	OPERATION OF PLANT	429,517	760,918	4,151,542			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,314	622,291	108,275	1,159,321		8.00
9.00	00900	HOUSEKEEPING	176,389	233,739	63,158	123,431	1,812,751	9.00
10.00	01000	DIETARY	184,441	238,798	171,413	33,722	27,304	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	41,841	1,012	28,281	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	160,293	200,347	96,950	14,539	7,801	14.00
15.00	01500	PHARMACY	639,970	54,640	39,444	0	3,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	139,379	11,130	246,760	0	3,000	16.00
17.00	01700	SOCIAL SERVICE	29,795	0	14,925	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,554	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	56,241	0	2,172	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	892,215	612,173	793,505	527,791	792,120	30.00
31.00	03100	INTENSIVE CARE UNIT	263,216	81,960	110,588	68,887	213,032	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	78,845	0	15,810	0	10,802	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	767,946	331,889	295,698	30,903	150,022	50.00
51.00	05100	RECOVERY ROOM	72,324	33,391	41,576	97,047	3,000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	93,965	0	33,792	0	0	52.00
53.00	05300	ANESTHESIOLOGY	64,550	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	453,024	131,541	195,027	24,944	21,003	54.00
57.00	05700	CT SCAN	132,586	0	32,504	0	18,003	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	109,544	6,071	97,513	0	18,003	58.00
59.00	05900	CARDIAC CATHETERIZATION	149,261	14,166	75,287	0	85,033	59.00
60.00	06000	LABORATORY	994,543	242,845	164,856	7,451	37,416	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	146,693	17,202	17,781	10,349	15,002	65.00
66.00	06600	PHYSICAL THERAPY	279,744	53,628	219,264	34,605	15,002	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,954	2,024	10,298	0	15,002	67.00
68.00	06800	SPEECH PATHOLOGY	32,046	0	5,431	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	82,498	0	0	0	15,002	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	330,489	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	208,788	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	261,502	148,743	141,161	0	75,011	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	105,593	22,261	38,700	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,712,366	0	0	134,966	187,228	90.00
91.00	09100	EMERGENCY	682,632	179,098	272,507	50,686	90,013	91.00
91.01	09101	CARDIAC REHAB	55,140	33,391	84,821	0	10,952	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	96,412	0	3,218	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	374,265	14,166	184,105	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	299,200	271,177	169,381	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,299,219	4,318,601	3,774,201	1,159,321	1,812,751	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	73,937	60,711	41,576	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,143	0	112,639	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.00	07950 MONROE CLINIC INN	8,540	2,024	134,664	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	1,093,760	119,399	88,462	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,482,599	4,500,735	4,151,542	1,159,321	1,812,751	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B Part I Date/Time Prepared: 5/29/2018 11:12 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,927,223					10.00
11.00	01100	1,618,620	1,618,620				11.00
13.00	01300	0	4,405	363,990			13.00
14.00	01400	0	36,025	0	1,621,021		14.00
15.00	01500	0	63,084	24,187	0	5,236,300	15.00
16.00	01600	0	35,427	0	0	0	16.00
17.00	01700	0	6,827	2,618	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	11,893	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	255,257	224,993	86,266	77,673	24	30.00
31.00	03100	37,734	38,133	14,621	38,027	21	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	66,482	25,490	179,214	0	50.00
51.00	05100	0	9,407	3,607	14,159	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	12,208	4,681	110,037	0	53.00
54.00	05400	0	64,499	24,730	7,147	134	54.00
57.00	05700	0	12,680	4,862	0	1,250	57.00
58.00	05800	0	12,396	4,753	0	0	58.00
59.00	05900	0	15,008	5,754	295,050	0	59.00
60.00	06000	0	133,938	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	29,292	11,231	21,980	0	65.00
66.00	06600	0	49,649	19,036	26,970	0	66.00
67.00	06700	0	15,291	5,863	0	0	67.00
68.00	06800	0	31	12	0	0	68.00
69.00	06900	0	12,019	4,608	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	435,429	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	4,848,843	73.00
75.00	07500	12,811	47,730	18,300	13,755	0	75.00
75.01	07501	0	14,630	5,609	240,571	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	435,671	0	0	0	90.00
91.00	09100	2,801	126,199	48,386	93,585	7,179	91.00
91.01	09101	0	11,673	4,476	1,618	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	24,478	9,385	0	0	100.00
101.00	10100	0	59,119	22,667	56,097	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	33,508	12,848	9,709	378,849	116.00
118.00		1,927,223	1,606,695	363,990	1,621,021	5,236,300	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	11,925	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,927,223	1,618,620	363,990	1,621,021	5,236,300	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,396,578					16.00
17.00 01700 SOCIAL SERVICE	15,291	274,866				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	20,160			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0			458,032	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	392,469	233,146	0	0	458,032	30.00
31.00 03100 INTENSIVE CARE UNIT	40,776	18,406	0	0	0	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	10,194	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	428,148	0	17,337	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,194	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	25,485	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	30,582	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	5,097	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	45,873	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	50,970	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	127,425	0	0	0	0	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	81,552	0	202	0	0	90.00
91.00 09100 EMERGENCY	132,522	13,498	2,621	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	7,362	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	2,454	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,396,578	274,866	20,160	0	458,032	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00			21.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	194.04
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,396,578	274,866	20,160	0	458,032

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,496,622	0	11,496,622	30.00
31.00	03100	INTENSIVE CARE UNIT	2,740,018	0	2,740,018	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	659,214	0	659,214	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,587,373	-17,337	7,570,036	50.00
51.00	05100	RECOVERY ROOM	773,115	0	773,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	785,746	0	785,746	52.00
53.00	05300	ANESTHESIOLOGY	661,968	0	661,968	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,075,792	0	4,075,792	54.00
57.00	05700	CT SCAN	1,115,935	0	1,115,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003,482	0	1,003,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,668,568	0	1,668,568	59.00
60.00	06000	LABORATORY	8,437,462	0	8,437,462	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,285,936	0	1,285,936	65.00
66.00	06600	PHYSICAL THERAPY	2,672,334	0	2,672,334	66.00
67.00	06700	OCCUPATIONAL THERAPY	640,167	0	640,167	67.00
68.00	06800	SPEECH PATHOLOGY	258,446	0	258,446	68.00
69.00	06900	ELECTROCARDIOLOGY	682,870	0	682,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,044,317	0	3,044,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,648,176	0	1,648,176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,899,813	0	4,899,813	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,649,239	0	2,649,239	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	1,155,328	0	1,155,328	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	45,932,928	-202	45,932,726	90.00
91.00	09100	EMERGENCY	6,407,817	-2,621	6,405,196	91.00
91.01	09101	CARDIAC REHAB	582,209	0	582,209	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	798,158	0	798,158	100.00
101.00	10100	HOME HEALTH AGENCY	3,297,973	0	3,297,973	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	3,239,817	0	3,239,817	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,200,823	-20,160	120,180,663	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	697,871	0	697,871	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	169,027	0	169,027	192.00
194.00	07950	MONROE CLINIC INN	204,102	0	204,102	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	8,842,037	0	8,842,037	194.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	130,113,860	-20,160	130,093,700	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
GENERAL SERVICE COST CENTERS						
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT				1. 00
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	51,127	0	4. 00
5. 01	00550	DATA PROCESSING	0	26,452	0	5. 01
5. 02	00540	NONPATIENT TELEPHONES	0	2,638	0	5. 02
5. 03	00560	PURCHASING RECEIVING AND STORES	0	3,518	0	5. 03
5. 04	00570	ADMINITTING	0	15,846	0	5. 04
5. 05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	43,969	0	5. 05
5. 06	00590	OTHER ADMINISTRATION & GENERAL	0	112,261	0	5. 06
6. 00	00600	MAINTENANCE & REPAIRS	0	53,774	0	6. 00
7. 00	00700	OPERATION OF PLANT	0	1,353,547	0	7. 00
8. 00	00800	LAUNDRY & LINEN SERVICE	0	47,337	0	8. 00
9. 00	00900	HOUSEKEEPING	0	27,612	0	9. 00
10. 00	01000	DIETARY	0	74,941	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	12,364	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	42,386	0	14. 00
15. 00	01500	PHARMACY	0	17,245	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	107,882	0	16. 00
17. 00	01700	SOCIAL SERVICE	0	6,525	0	17. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22. 00
23. 00	02301	PARAMED PRGM- PHARMACY	0	950	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000	ADULTS & PEDIATRICS	0	346,914	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	48,348	0	31. 00
41. 00	04100	SUBPROVIDER - I RF	0	0	0	41. 00
42. 00	04200	SUBPROVIDER	0	0	0	42. 00
43. 00	04300	NURSERY	0	6,912	0	43. 00
ANCILLARY SERVICE COST CENTERS						
50. 00	05000	OPERATING ROOM	0	129,277	0	50. 00
51. 00	05100	RECOVERY ROOM	0	18,177	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	14,774	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	85,264	0	54. 00
57. 00	05700	CT SCAN	0	14,211	0	57. 00
58. 00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	42,632	0	58. 00
59. 00	05900	CARDIAC CATHETERIZATION	0	32,915	0	59. 00
60. 00	06000	LABORATORY	0	72,074	0	60. 00
60. 01	06001	BLOOD LABORATORY	0	0	0	60. 01
65. 00	06500	RESPIRATORY THERAPY	0	7,774	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	95,861	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	4,502	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	2,374	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73. 00
75. 00	07500	ASC (NON-DISTINCT PART)	0	61,715	0	75. 00
75. 01	07501	PROCTO/ENTERO/GASTRO	0	16,919	0	75. 01
OUTPATIENT SERVICE COST CENTERS						
88. 00	08800	RURAL HEALTH CLINIC	0	0	0	88. 00
89. 00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89. 00
90. 00	09000	CLINIC	0	0	0	90. 00
91. 00	09100	EMERGENCY	0	119,138	0	91. 00
91. 01	09101	CARDIAC REHAB	0	37,083	0	91. 01
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 10	09910	CORF	0	0	0	99. 10
100. 00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	1,407	0	100. 00
101. 00	10100	HOME HEALTH AGENCY	0	80,489	0	101. 00
SPECIAL PURPOSE COST CENTERS						
109. 00	10900	PANCREAS ACQUISITION	0	0	0	109. 00
110. 00	11000	INTESTINAL ACQUISITION	0	0	0	110. 00
111. 00	11100	ISLET ACQUISITION	0	0	0	111. 00
113. 00	11300	INTEREST EXPENSE	0	0	0	113. 00
116. 00	11600	HOSPICE	0	74,052	0	116. 00
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,313,186	0	118. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,177	0	18,177	71	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	49,245	0	49,245	0	192.00
194.00 07950 MONROE CLINIC INN	0	58,874	0	58,874	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	38,675	0	38,675	968	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	3,478,157	0	3,478,157	51,127	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:12 am	
Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	28,891					5.01
5.02	00540	NONPATIENT TELEPHONES	47	2,785				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	140	29	3,775			5.03
5.04	00570	ADMINISTRATIVE	280	29	0	16,155		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	839	173	2	0	45,347	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,516	461	17	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,025	48	22	0	0	6.00
7.00	00700	OPERATION OF PLANT	140	29	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	93	19	11	0	0	8.00
9.00	00900	HOUSEKEEPING	93	19	24	0	0	9.00
10.00	01000	DIETARY	140	29	7	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	47	10	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	233	38	71	0	0	14.00
15.00	01500	PHARMACY	652	38	6	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	559	48	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	93	19	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	93	10	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,215	115	18	843	2,046	30.00
31.00	03100	INTENSIVE CARE UNIT	606	38	7	194	471	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	47	10	0	69	167	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,072	58	583	3,399	8,005	50.00
51.00	05100	RECOVERY ROOM	140	19	2	210	511	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47	10	0	242	587	52.00
53.00	05300	ANESTHESIOLOGY	233	19	16	1,160	2,816	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	513	86	88	1,231	2,988	54.00
57.00	05700	CT SCAN	47	10	23	1,729	4,197	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47	10	12	1,102	2,675	58.00
59.00	05900	CARDIAC CATHETERIZATION	280	38	108	181	439	59.00
60.00	06000	LABORATORY	1,305	154	20	1,268	8,937	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	140	29	12	539	1,307	65.00
66.00	06600	PHYSICAL THERAPY	373	58	5	596	1,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	186	19	1	184	471	67.00
68.00	06800	SPEECH PATHOLOGY	47	10	0	96	232	68.00
69.00	06900	ELECTROCARDIOLOGY	93	10	11	608	1,474	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	466	19	4	305	740	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	140	10	38	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,129	823	1,700	0	0	90.00
91.00	09100	EMERGENCY	1,491	67	22	2,148	5,211	91.00
91.01	09101	CARDIAC REHAB	0	0	0	51	125	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	93	19	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	979	38	10	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	513	21	29	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,192	2,689	2,870	16,155	45,347	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93	19	46	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:12 am	
Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.00	07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	606	77	859	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,891	2,785	3,775	16,155	45,347	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:12 am	
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	119,148					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,123	59,782				6.00
7.00	00700	OPERATION OF PLANT	3,106	10,106	1,367,068			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	393	8,266	35,654	91,861		8.00
9.00	00900	HOUSEKEEPING	1,276	3,105	20,798	9,780	63,110	9.00
10.00	01000	DIETARY	1,334	3,172	56,445	2,672	951	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	303	13	9,313	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,159	2,661	31,925	1,152	272	14.00
15.00	01500	PHARMACY	4,628	726	12,989	0	104	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,008	148	81,256	0	104	16.00
17.00	01700	SOCIAL SERVICE	215	0	4,915	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	18	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	407	0	715	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,452	8,131	261,293	41,821	27,579	30.00
31.00	03100	INTENSIVE CARE UNIT	1,904	1,089	36,416	5,458	7,417	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	570	0	5,206	0	376	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,554	4,408	97,371	2,449	5,223	50.00
51.00	05100	RECOVERY ROOM	523	444	13,691	7,690	104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	680	0	11,127	0	0	52.00
53.00	05300	ANESTHESIOLOGY	467	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,276	1,747	64,221	1,977	731	54.00
57.00	05700	CT SCAN	959	0	10,703	0	627	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	792	81	32,110	0	627	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,079	188	24,791	0	2,960	59.00
60.00	06000	LABORATORY	7,192	3,226	54,286	590	1,303	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,061	228	5,855	820	522	65.00
66.00	06600	PHYSICAL THERAPY	2,023	712	72,202	2,742	522	66.00
67.00	06700	OCCUPATIONAL THERAPY	542	27	3,391	0	522	67.00
68.00	06800	SPEECH PATHOLOGY	232	0	1,788	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	597	0	0	0	522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,390	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,510	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,891	1,976	46,483	0	2,611	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	764	296	12,743	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	41,257	0	0	10,694	6,518	90.00
91.00	09100	EMERGENCY	4,937	2,379	89,734	4,016	3,134	91.00
91.01	09101	CARDIAC REHAB	399	444	27,931	0	381	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	697	0	1,060	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,707	188	60,624	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,164	3,602	55,776	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,589	57,363	1,242,812	91,861	63,110	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	535	806	13,691	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52	0	37,091	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:12 am	
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
194.00	07950 MONROE CLINIC INN	62	27	44,344	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	7,910	1,586	29,130	0	0	0	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	119,148	59,782	1,367,068	91,861	63,110	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:12 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	140,216					10.00
11.00	01100	CAFETERIA	117,764					11.00
13.00	01300	NURSING ADMINISTRATION	0	320	22,450			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,621	0	82,768		14.00
15.00	01500	PHARMACY	0	4,590	1,492	0	43,512	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,578	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	497	161	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	865	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,571	16,370	5,321	3,966	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,745	2,774	902	1,942	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,837	1,572	9,151	0	50.00
51.00	05100	RECOVERY ROOM	0	684	222	723	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	888	289	5,618	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,693	1,525	365	1	54.00
57.00	05700	CT SCAN	0	923	300	0	10	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	902	293	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,092	355	15,065	0	59.00
60.00	06000	LABORATORY	0	9,745	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	2,131	693	1,122	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,612	1,174	1,377	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,113	362	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	1	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	874	284	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,233	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	40,293	73.00
75.00	07500	ASC (NON-DISTINCT PART)	932	3,473	1,129	702	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	1,064	346	12,283	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	31,697	0	0	0	90.00
91.00	09100	EMERGENCY	204	9,182	2,984	4,778	60	91.00
91.01	09101	CARDIAC REHAB	0	849	276	83	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	1,781	579	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,301	1,398	2,864	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	2,438	792	496	3,148	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	140,216	116,896	22,450	82,768	43,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	868	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	140,216	117,764	22,450	82,768	43,512	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	193,816					16.00
17.00 01700 SOCIAL SERVICE	2,122	14,622				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	18			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0			3,205	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	54,467	12,402				30.00
31.00 03100 INTENSIVE CARE UNIT	5,659	979				31.00
41.00 04100 SUBPROVIDER - I RF	0	0				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	1,415	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	59,417	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,415	0				52.00
53.00 05300 ANESTHESIOLOGY	3,537	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,244	0				54.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	0	0				60.00
60.01 06001 BLOOD LABORATORY	0	0				60.01
65.00 06500 RESPIRATORY THERAPY	707	0				65.00
66.00 06600 PHYSICAL THERAPY	6,366	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,074	0				73.00
75.00 07500 ASC (NON-DISTINCT PART)	17,684	0				75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0				75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	11,318	0				90.00
91.00 09100 EMERGENCY	18,391	718				91.00
91.01 09101 CARDIAC REHAB	0	0				91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0				99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0				100.00
101.00 10100 HOME HEALTH AGENCY	0	392				101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0				111.00
113.00 11300 INTEREST EXPENSE	0	0				113.00
116.00 11600 HOSPICE	0	131				116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	193,816	14,622	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00			21.00	22.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00	
194.00	07950	MONROE CLINIC INN	0	0			194.00	
194.01	07951	5 WEST	0	0			194.01	
194.02	07952	LIFELINE	0	0			194.02	
194.03	07953	PHARMACY NURSING HOME	0	0			194.03	
194.04	07954	FREESTANDING CLINIC	0	0			194.04	
200.00		Cross Foot Adjustments			18	0	3,205	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	193,816	14,622	18	0	3,205	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00550				5.01
5.02	00540				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02301				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	812,657	0	812,657	30.00
31.00	03100	117,537	0	117,537	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	15,000	0	15,000	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	333,345	0	333,345	50.00
51.00	05100	43,316	0	43,316	51.00
52.00	05200	29,157	0	29,157	52.00
53.00	05300	16,020	0	16,020	53.00
54.00	05400	173,821	0	173,821	54.00
57.00	05700	33,939	0	33,939	57.00
58.00	05800	81,456	0	81,456	58.00
59.00	05900	79,714	0	79,714	59.00
60.00	06000	161,894	0	161,894	60.00
60.01	06001	0	0	0	60.01
65.00	06500	23,305	0	23,305	65.00
66.00	06600	190,293	0	190,293	66.00
67.00	06700	11,520	0	11,520	67.00
68.00	06800	4,782	0	4,782	68.00
69.00	06900	4,654	0	4,654	69.00
70.00	07000	0	0	0	70.00
71.00	07100	24,623	0	24,623	71.00
72.00	07200	1,510	0	1,510	72.00
73.00	07300	47,367	0	47,367	73.00
75.00	07500	140,835	0	140,835	75.00
75.01	07501	44,813	0	44,813	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	136,300	0	136,300	90.00
91.00	09100	271,013	0	271,013	91.00
91.01	09101	67,776	0	67,776	91.01
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
100.00	10000	5,976	0	5,976	100.00
101.00	10100	154,762	0	154,762	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
116.00	11600	143,737	0	143,737	116.00
118.00		3,171,122	0	3,171,122	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,306	0	34,306	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86,388	0	86,388	192.00
194.00	07950	MONROE CLINIC INN	103,307	0	103,307	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	79,811	0	79,811	194.04
200.00		Cross Foot Adjustments	3,223	0	3,223	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,478,157	0	3,478,157	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	395,525	0			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,814	0	80,216,845		4.00
5.01 00550	DATA PROCESSING	3,008	0	3,828,301	620	5.01
5.02 00540	NONPATIENT TELEPHONES	300	0	156,917	1	2,902 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	400	0	138,738	3	30 5.03
5.04 00570	ADMINISTRATIVE	1,802	0	0	6	30 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	5,000	0	571,110	18	180 5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	12,766	0	6,111,679	54	480 5.06
6.00 00600	MAINTENANCE & REPAIRS	6,115	0	1,239,797	22	50 6.00
7.00 00700	OPERATION OF PLANT	153,921	0	219,249	3	30 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,383	0	137,644	2	20 8.00
9.00 00900	HOUSEKEEPING	3,140	0	631,945	2	20 9.00
10.00 01000	DIETARY	8,522	0	824,134	3	30 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,406	0	124,507	1	10 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,820	0	392,956	5	40 14.00
15.00 01500	PHARMACY	1,961	0	1,635,385	14	40 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,268	0	365,188	12	50 16.00
17.00 01700	SOCIAL SERVICE	742	0	117,642	2	20 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02301	PARAMED ED PRGM- PHARMACY	108	0	259,059	2	10 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	39,450	0	4,918,349	69	120 30.00
31.00 03100	INTENSIVE CARE UNIT	5,498	0	923,154	13	40 31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	786	0	357,143	1	10 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,701	0	1,521,813	23	60 50.00
51.00 05100	RECOVERY ROOM	2,067	0	276,451	3	20 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,680	0	431,034	1	10 52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,533,291	5	20 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,696	0	1,367,477	11	90 54.00
57.00 05700	CT SCAN	1,616	0	313,670	1	10 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,848	0	271,073	1	10 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,743	0	349,755	6	40 59.00
60.00 06000	LABORATORY	8,196	0	2,817,088	28	160 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	884	0	572,909	3	30 65.00
66.00 06600	PHYSICAL THERAPY	10,901	0	1,134,046	8	60 66.00
67.00 06700	OCCUPATIONAL THERAPY	512	0	313,834	4	20 67.00
68.00 06800	SPEECH PATHOLOGY	270	0	411	1	10 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	284,213	2	10 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	7,018	0	1,107,191	10	20 75.00
75.01 07501	PROCTO/ENTERO/GASTRO	1,924	0	329,443	3	10 75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	36,320,764	196	860 90.00
91.00 09100	EMERGENCY	13,548	0	3,797,626	32	70 91.00
91.01 09101	CARDIAC REHAB	4,217	0	241,751	0	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	160	0	533,007	2	20 100.00
101.00 10100	HOME HEALTH AGENCY	9,153	0	1,212,355	21	40 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	8,421	0	902,627	11	22 116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		376,765	0	78,584,726	605	2,802	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	0	112,157	2	20	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	6,695	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	0	1,519,962	13	80	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,478,157	0	4,519,950	12,737,321	556,013	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.793773	0.000000	0.056347	20,544.066129	191.596485	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			51,127	28,891	2,785	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000637	46.598387	0.959683	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	21,955,849					5.03
5.04	00570	ADMITTING	0	214,061,272				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,910	0	248,550,691			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	97,676	0	0	-16,482,599	113,631,261	5.06
6.00	00600	MAINTENANCE & REPAIRS	127,614	0	0	0	3,930,591	6.00
7.00	00700	OPERATION OF PLANT	2,590	0	0	0	2,961,107	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,341	0	0	0	374,441	8.00
9.00	00900	HOUSEKEEPING	137,362	0	0	0	1,216,034	9.00
10.00	01000	DIETARY	43,321	0	0	0	1,271,545	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,422	0	0	0	288,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	410,360	0	0	0	1,105,066	14.00
15.00	01500	PHARMACY	37,373	0	0	0	4,411,975	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	730	0	0	0	960,882	16.00
17.00	01700	SOCIAL SERVICE	71	0	0	0	205,410	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	17,606	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	167	0	0	0	387,726	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	106,308	11,240,053	11,240,053	0	6,150,958	30.00
31.00	03100	INTENSIVE CARE UNIT	38,673	2,590,598	2,590,598	0	1,814,617	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	914,836	914,836	0	543,563	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,387,238	43,982,144	43,982,144	0	5,294,244	50.00
51.00	05100	RECOVERY ROOM	11,355	2,806,593	2,806,593	0	498,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,224,306	3,224,306	0	647,795	52.00
53.00	05300	ANESTHESIOLOGY	91,859	15,472,152	15,472,152	0	445,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	509,633	16,418,634	16,418,634	0	3,123,161	54.00
57.00	05700	CT SCAN	132,401	23,058,393	23,058,393	0	914,050	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	67,876	14,695,493	14,695,493	0	755,202	58.00
59.00	05900	CARDIAC CATHETERIZATION	629,173	2,413,888	2,413,888	0	1,029,009	59.00
60.00	06000	LABORATORY	115,736	16,901,317	48,503,266	0	6,856,413	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	72,473	7,181,912	7,181,912	0	1,011,309	65.00
66.00	06600	PHYSICAL THERAPY	28,988	7,944,428	10,701,477	0	1,928,563	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,616	2,455,862	2,586,283	0	516,735	67.00
68.00	06800	SPEECH PATHOLOGY	574	1,276,422	1,276,422	0	220,926	68.00
69.00	06900	ELECTROCARDIOLOGY	62,775	8,101,494	8,101,494	0	568,743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,278,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,439,388	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	22,006	4,064,562	4,064,562	0	1,802,801	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	221,578	0	0	0	727,964	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,908,125	0	0	0	39,380,943	90.00
91.00	09100	EMERGENCY	128,430	28,633,629	28,633,629	0	4,706,090	91.00
91.01	09101	CARDIAC REHAB	0	684,556	684,556	0	380,138	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	448	0	0	0	664,665	100.00
101.00	10100	HOME HEALTH AGENCY	55,994	0	0	0	2,580,192	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	167,781	0	0	0	2,062,691	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,698,977	214,061,272	248,550,691	-16,482,599	105,473,004	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	264,699	0	0	0	509,722	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	49,245	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	58,874	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,992,173	0	0	0	7,540,416	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	252,802	144,858	1,398,085		16,482,599	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.011514	0.000677	0.005625		0.145053	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,775	16,155	45,347		119,148	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000172	0.000075	0.000182		0.001049	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.01	00550						5.01	
5.02	00540						5.02	
5.03	00560						5.03	
5.04	00570						5.04	
5.05	00580						5.05	
5.06	00590						5.06	
6.00	00600	4,448					6.00	
7.00	00700	752	206,399				7.00	
8.00	00800	615	5,383	532,109			8.00	
9.00	00900	231	3,140	56,653	60,416		9.00	
10.00	01000	236	8,522	15,478	910	156,899	10.00	
11.00	01100	0	0	0	0	131,775	11.00	
13.00	01300	1	1,406	0	0	0	13.00	
14.00	01400	198	4,820	6,673	260	0	14.00	
15.00	01500	54	1,961	0	100	0	15.00	
16.00	01600	11	12,268	0	100	0	16.00	
17.00	01700	0	742	0	0	0	17.00	
21.00	02100	0	0	0	0	0	21.00	
22.00	02200	0	0	0	0	0	22.00	
23.00	02301	0	108	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	605	39,450	242,247	26,400	20,781	30.00	
31.00	03100	81	5,498	31,618	7,100	3,072	31.00	
41.00	04100	0	0	0	0	0	41.00	
42.00	04200	0	0	0	0	0	42.00	
43.00	04300	0	786	0	360	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	328	14,701	14,184	5,000	0	50.00	
51.00	05100	33	2,067	44,543	100	0	51.00	
52.00	05200	0	1,680	0	0	0	52.00	
53.00	05300	0	0	0	0	0	53.00	
54.00	05400	130	9,696	11,449	700	0	54.00	
57.00	05700	0	1,616	0	600	0	57.00	
58.00	05800	6	4,848	0	600	0	58.00	
59.00	05900	14	3,743	0	2,834	0	59.00	
60.00	06000	240	8,196	3,420	1,247	0	60.00	
60.01	06001	0	0	0	0	0	60.01	
65.00	06500	17	884	4,750	500	0	65.00	
66.00	06600	53	10,901	15,883	500	0	66.00	
67.00	06700	2	512	0	500	0	67.00	
68.00	06800	0	270	0	0	0	68.00	
69.00	06900	0	0	0	500	0	69.00	
70.00	07000	0	0	0	0	0	70.00	
71.00	07100	0	0	0	0	0	71.00	
72.00	07200	0	0	0	0	0	72.00	
73.00	07300	0	0	0	0	0	73.00	
75.00	07500	147	7,018	0	2,500	1,043	75.00	
75.01	07501	22	1,924	0	0	0	75.01	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	0	0	0	0	0	88.00	
89.00	08900	0	0	0	0	0	89.00	
90.00	09000	0	0	61,947	6,240	0	90.00	
91.00	09100	177	13,548	23,264	3,000	228	91.00	
91.01	09101	33	4,217	0	365	0	91.01	
92.00	09200	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	0	0	0	0	0	99.10	
100.00	10000	0	160	0	0	0	100.00	
101.00	10100	14	9,153	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	0	0	0	0	0	109.00	
110.00	11000	0	0	0	0	0	110.00	
111.00	11100	0	0	0	0	0	111.00	
113.00	11300	0	0	0	0	0	113.00	
116.00	11600	268	8,421	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		4,268	187,639	532,109	60,416	156,899	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	60	2,067	0	0	0	190.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.00	19200	0	5,600	0	0	0	192.00
194.00	07950	2	6,695	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	118	4,398	0	0	0	194.04
200.00							200.00
201.00							201.00
202.00		4,500,735	4,151,542	1,159,321	1,812,751	1,927,223	202.00
203.00		1,011.855890	20.114158	2.178728	30.004486	12.283208	203.00
204.00		59,782	1,367,068	91,861	63,110	140,216	204.00
205.00		13.440198	6.623424	0.172636	1.044591	0.893670	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	51,445					11.00
13.00	01300	NURSING ADMINISTRATION	140	30,173				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,145	0	1,202,100			14.00
15.00	01500	PHARMACY	2,005	2,005	0	1,760,100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,126	0	0	0	1,370	16.00
17.00	01700	SOCIAL SERVICE	217	217	0	0	15	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	378	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,151	7,151	57,600	8	385	30.00
31.00	03100	INTENSIVE CARE UNIT	1,212	1,212	28,200	7	40	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	10	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,113	2,113	132,900	0	420	50.00
51.00	05100	RECOVERY ROOM	299	299	10,500	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	10	52.00
53.00	05300	ANESTHESIOLOGY	388	388	81,600	0	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,050	2,050	5,300	45	30	54.00
57.00	05700	CT SCAN	403	403	0	420	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	394	394	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	477	477	218,800	0	0	59.00
60.00	06000	LABORATORY	4,257	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	931	931	16,300	0	5	65.00
66.00	06600	PHYSICAL THERAPY	1,578	1,578	20,000	0	45	66.00
67.00	06700	OCCUPATIONAL THERAPY	486	486	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	1	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	382	382	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	322,900	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,629,863	50	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,517	1,517	10,200	0	125	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	465	465	178,400	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,847	0	0	0	80	90.00
91.00	09100	EMERGENCY	4,011	4,011	69,400	2,413	130	91.00
91.01	09101	CARDIAC REHAB	371	371	1,200	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	778	778	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,879	1,879	41,600	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,065	1,065	7,200	127,344	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,066	30,173	1,202,100	1,760,100	1,370	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	379	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,618,620	363,990	1,621,021	5,236,300	1,396,578
203.00		Unit cost multiplier (Wkst. B, Part I)	31.463116	12.063434	1.348491	2.975001	1,019.400000
204.00		Cost to be allocated (per Wkst. B, Part II)	117,764	22,450	82,768	43,512	193,816
205.00		Unit cost multiplier (Wkst. B, Part II)	2.289124	0.744043	0.068853	0.024721	141.471533
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00550 DATA PROCESSING					5.01
5.02 00540 NONPATIENT TELEPHONES					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMINITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	1,120				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0			1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	950	0	1,000	1,000	30.00
31.00 03100 INTENSIVE CARE UNIT	75	0	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	860	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	10	0	0	90.00
91.00 09100 EMERGENCY	55	130	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	30	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPICE	10			0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)			
		17.00	21.00			22.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,120	1,000	1,000	1,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950 MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	0	0	0	0	194.04
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	274,866	20,160	0	458,032	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	245.416071	20.160000	0.000000	458.032000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,622	18	0	3,205	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	13.055357	0.018000	0.000000	3.205000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 11:12 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	11,496,622		11,496,622	0	11,496,622	30.00
31.00	03100 INTENSIVE CARE UNIT	2,740,018		2,740,018	0	2,740,018	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	659,214		659,214	0	659,214	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,570,036		7,570,036	0	7,570,036	50.00
51.00	05100 RECOVERY ROOM	773,115		773,115	0	773,115	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	785,746		785,746	0	785,746	52.00
53.00	05300 ANESTHESIOLOGY	661,968		661,968	0	661,968	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,075,792		4,075,792	0	4,075,792	54.00
57.00	05700 CT SCAN	1,115,935		1,115,935	0	1,115,935	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,003,482		1,003,482	0	1,003,482	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,668,568		1,668,568	0	1,668,568	59.00
60.00	06000 LABORATORY	8,437,462		8,437,462	0	8,437,462	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,285,936	0	1,285,936	0	1,285,936	65.00
66.00	06600 PHYSICAL THERAPY	2,672,334	0	2,672,334	0	2,672,334	66.00
67.00	06700 OCCUPATIONAL THERAPY	640,167	0	640,167	0	640,167	67.00
68.00	06800 SPEECH PATHOLOGY	258,446	0	258,446	0	258,446	68.00
69.00	06900 ELECTROCARDIOLOGY	682,870		682,870	0	682,870	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,044,317		3,044,317	0	3,044,317	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,648,176		1,648,176	0	1,648,176	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,899,813		4,899,813	0	4,899,813	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,649,239		2,649,239	0	2,649,239	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	1,155,328		1,155,328	0	1,155,328	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	45,932,726		45,932,726	0	45,932,726	90.00
91.00	09100 EMERGENCY	6,405,196		6,405,196	0	6,405,196	91.00
91.01	09101 CARDIAC REHAB	582,209		582,209	0	582,209	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	441,143		441,143		441,143	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0		0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	798,158		798,158		798,158	100.00
101.00	10100 HOME HEALTH AGENCY	3,297,973		3,297,973		3,297,973	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	3,239,817		3,239,817		3,239,817	116.00
200.00	Subtotal (see instructions)	120,621,806	0	120,621,806	0	120,621,806	200.00
201.00	Less Observation Beds	441,143		441,143		441,143	201.00
202.00	Total (see instructions)	120,180,663	0	120,180,663	0	120,180,663	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 11:12 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	9,676,399		9,676,399				30.00
31.00	03100	INTENSIVE CARE UNIT	2,589,292		2,589,292				31.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	899,584		899,584				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,151,612	22,709,608	29,861,220	0.253507	0.000000		50.00
51.00	05100	RECOVERY ROOM	810,502	1,974,405	2,784,907	0.277609	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,769,639	454,667	3,224,306	0.243695	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	881,409	2,785,156	3,666,565	0.180542	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,974,536	13,665,734	15,640,270	0.260596	0.000000		54.00
57.00	05700	CT SCAN	3,709,239	19,349,154	23,058,393	0.048396	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,187,335	11,508,158	14,695,493	0.068285	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	204,537	1,526,842	1,731,379	0.963722	0.000000		59.00
60.00	06000	LABORATORY	7,241,209	38,095,303	45,336,512	0.186107	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	2,592,176	2,709,041	5,301,217	0.242574	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,486,513	6,319,761	7,806,274	0.342332	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	856,455	1,268,083	2,124,538	0.301321	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	187,218	455,815	643,033	0.401917	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,738,034	6,363,460	8,101,494	0.084289	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,973,571	1,470,342	10,443,913	0.291492	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,331,673	2,469,173	3,800,846	0.433634	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,619,331	16,751,829	34,371,160	0.142556	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,222	4,050,340	4,064,562	0.651790	0.000000		75.00
75.01	07501	PROCTO/ENTERO/GASTRO	417,402	8,811,719	9,229,121	0.125183	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	502,534	62,470,770	62,973,304	0.729400	0.000000		90.00
91.00	09100	EMERGENCY	2,706,266	16,362,816	19,069,082	0.335894	0.000000		91.00
91.01	09101	CARDIAC REHAB	1,651	682,905	684,556	0.850491	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	135,904	1,411,973	1,547,877	0.284999	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	2,110,070	2,110,070				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	3,167,606	3,167,606				116.00
200.00		Subtotal (see instructions)	79,658,243	248,944,730	328,602,973				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	79,658,243	248,944,730	328,602,973				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:12 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253507		50.00
51.00	05100	RECOVERY ROOM	0.277609		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243695		52.00
53.00	05300	ANESTHESIOLOGY	0.180542		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260596		54.00
57.00	05700	CT SCAN	0.048396		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.068285		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.963722		59.00
60.00	06000	LABORATORY	0.186107		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.242574		65.00
66.00	06600	PHYSICAL THERAPY	0.342332		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301321		67.00
68.00	06800	SPEECH PATHOLOGY	0.401917		68.00
69.00	06900	ELECTROCARDIOLOGY	0.084289		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.291492		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.433634		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142556		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.651790		75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.125183		75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.729400		90.00
91.00	09100	EMERGENCY	0.335894		91.00
91.01	09101	CARDIAC REHAB	0.850491		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.284999		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 11:12 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	11,496,622		11,496,622	0	11,496,622	30.00
31.00	03100 INTENSIVE CARE UNIT	2,740,018		2,740,018	0	2,740,018	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	659,214		659,214	0	659,214	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,570,036		7,570,036	0	7,570,036	50.00
51.00	05100 RECOVERY ROOM	773,115		773,115	0	773,115	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	785,746		785,746	0	785,746	52.00
53.00	05300 ANESTHESIOLOGY	661,968		661,968	0	661,968	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,075,792		4,075,792	0	4,075,792	54.00
57.00	05700 CT SCAN	1,115,935		1,115,935	0	1,115,935	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,003,482		1,003,482	0	1,003,482	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,668,568		1,668,568	0	1,668,568	59.00
60.00	06000 LABORATORY	8,437,462		8,437,462	0	8,437,462	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,285,936	0	1,285,936	0	1,285,936	65.00
66.00	06600 PHYSICAL THERAPY	2,672,334	0	2,672,334	0	2,672,334	66.00
67.00	06700 OCCUPATIONAL THERAPY	640,167	0	640,167	0	640,167	67.00
68.00	06800 SPEECH PATHOLOGY	258,446	0	258,446	0	258,446	68.00
69.00	06900 ELECTROCARDIOLOGY	682,870		682,870	0	682,870	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,044,317		3,044,317	0	3,044,317	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,648,176		1,648,176	0	1,648,176	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,899,813		4,899,813	0	4,899,813	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,649,239		2,649,239	0	2,649,239	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	1,155,328		1,155,328	0	1,155,328	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	45,932,726		45,932,726	0	45,932,726	90.00
91.00	09100 EMERGENCY	6,405,196		6,405,196	0	6,405,196	91.00
91.01	09101 CARDIAC REHAB	582,209		582,209	0	582,209	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	441,143		441,143	0	441,143	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	798,158		798,158	0	798,158	100.00
101.00	10100 HOME HEALTH AGENCY	3,297,973		3,297,973	0	3,297,973	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	3,239,817		3,239,817	0	3,239,817	116.00
200.00	Subtotal (see instructions)	120,621,806	0	120,621,806	0	120,621,806	200.00
201.00	Less Observation Beds	441,143		441,143	0	441,143	201.00
202.00	Total (see instructions)	120,180,663	0	120,180,663	0	120,180,663	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 11:12 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,676,399		9,676,399			30.00	
31.00	03100	INTENSIVE CARE UNIT	2,589,292		2,589,292			31.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	899,584		899,584			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,151,612	22,709,608	29,861,220	0.253507	0.000000	50.00	
51.00	05100	RECOVERY ROOM	810,502	1,974,405	2,784,907	0.277609	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,769,639	454,667	3,224,306	0.243695	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	881,409	2,785,156	3,666,565	0.180542	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,974,536	13,665,734	15,640,270	0.260596	0.000000	54.00	
57.00	05700	CT SCAN	3,709,239	19,349,154	23,058,393	0.048396	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,187,335	11,508,158	14,695,493	0.068285	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	204,537	1,526,842	1,731,379	0.963722	0.000000	59.00	
60.00	06000	LABORATORY	7,241,209	38,095,303	45,336,512	0.186107	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	2,592,176	2,709,041	5,301,217	0.242574	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,486,513	6,319,761	7,806,274	0.342332	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	856,455	1,268,083	2,124,538	0.301321	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	187,218	455,815	643,033	0.401917	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,738,034	6,363,460	8,101,494	0.084289	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,973,571	1,470,342	10,443,913	0.291492	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,331,673	2,469,173	3,800,846	0.433634	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,619,331	16,751,829	34,371,160	0.142556	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	14,222	4,050,340	4,064,562	0.651790	0.000000	75.00	
75.01	07501	PROCTO/ENTERO/GASTRO	417,402	8,811,719	9,229,121	0.125183	0.000000	75.01	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
90.00	09000	CLINIC	502,534	62,470,770	62,973,304	0.729400	0.000000	90.00	
91.00	09100	EMERGENCY	2,706,266	16,362,816	19,069,082	0.335894	0.000000	91.00	
91.01	09101	CARDIAC REHAB	1,651	682,905	684,556	0.850491	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	135,904	1,411,973	1,547,877	0.284999	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	2,110,070	2,110,070			101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	3,167,606	3,167,606			116.00	
200.00		Subtotal (see instructions)	79,658,243	248,944,730	328,602,973			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	79,658,243	248,944,730	328,602,973			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:12 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
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
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 CARDIAC REHAB	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/29/2018 11:12 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)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	812,657	0	812,657	7,688	105.70	30.00
31.00	INTENSIVE CARE UNIT	117,537		117,537	1,024	114.78	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	15,000		15,000	860	17.44	43.00
200.00	Total (lines 30 through 199)	945,194		945,194	9,572		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,651	385,911				
31.00	INTENSIVE CARE UNIT	633	72,656				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,284	458,567				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 11:12 am
--	--	-----------------------	---	---

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	333,345	29,861,220	0.011163	5,551,391	61,970	50.00
51.00	05100	RECOVERY ROOM	43,316	2,784,907	0.015554	305,355	4,749	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,157	3,224,306	0.009043	27,926	253	52.00
53.00	05300	ANESTHESIOLOGY	16,020	3,666,565	0.004369	763,814	3,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,821	15,640,270	0.011114	1,753,746	19,491	54.00
57.00	05700	CT SCAN	33,939	23,058,393	0.001472	2,109,315	3,105	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	81,456	14,695,493	0.005543	2,626,913	14,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	79,714	1,731,379	0.046041	192,113	8,845	59.00
60.00	06000	LABORATORY	161,894	45,336,512	0.003571	3,647,512	13,025	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	23,305	5,301,217	0.004396	1,486,729	6,536	65.00
66.00	06600	PHYSICAL THERAPY	190,293	7,806,274	0.024377	912,742	22,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,520	2,124,538	0.005422	558,451	3,028	67.00
68.00	06800	SPEECH PATHOLOGY	4,782	643,033	0.007437	121,964	907	68.00
69.00	06900	ELECTROCARDIOLOGY	4,654	8,101,494	0.000574	1,072,521	616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,623	10,443,913	0.002358	767,076	1,809	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,510	3,800,846	0.000397	1,134,080	450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,367	34,371,160	0.001378	6,006,208	8,277	73.00
75.00	07500	ASC (NON-DISTINCT PART)	140,835	4,064,562	0.034649	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	44,813	9,229,121	0.004856	223,031	1,083	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	136,300	62,973,304	0.002164	0	0	90.00
91.00	09100	EMERGENCY	271,013	19,069,082	0.014212	1,531,567	21,767	91.00
91.01	09101	CARDIAC REHAB	67,776	684,556	0.099007	1,494	148	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	31,183	1,547,877	0.020146	0	0	92.00
200.00		Total (lines 50 through 199)	1,952,636	310,160,022		30,793,948	196,207	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part III Date/Time Prepared: 5/29/2018 11:12 am	
				Title XVIII		Hospital	PPS

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	458,032	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	458,032	0	200.00

Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	458,032	7,688	59.58	3,651	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,024	0.00	633	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	860	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	458,032	9,572	0.00	4,284	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	217,527	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	217,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:12 am
--	-----------------------	---	---

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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	17,576	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	17,576	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:12 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	29,861,220	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,784,907	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,224,306	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,666,565	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,640,270	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	23,058,393	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,695,493	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,731,379	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	45,336,512	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,301,217	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,806,274	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,124,538	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	643,033	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,101,494	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,443,913	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,800,846	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,371,160	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	4,064,562	0.000000	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	0	9,229,121	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	62,973,304	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	19,069,082	0.000000	91.00
91.01	09101	CARDIAC REHAB	0	0	0	684,556	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,576	17,576	1,547,877	0.011355	92.00
200.00		Total (lines 50 through 199)	0	17,576	17,576	310,160,022		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:12 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	5,551,391	0	9,837,396	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	305,355	0	356,836	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	27,926	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	763,814	0	2,486,652	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,753,746	0	5,666,933	0	54.00
57.00	05700 CT SCAN	0.000000	2,109,315	0	7,225,232	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,626,913	0	4,246,584	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	192,113	0	1,491,165	0	59.00
60.00	06000 LABORATORY	0.000000	3,647,512	0	7,159,390	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	1,486,729	0	208,540	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	912,742	0	80,059	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	558,451	0	44,039	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	121,964	0	11,818	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,072,521	0	3,965,805	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	767,076	0	628,516	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	1,134,080	0	1,812,127	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,006,208	0	4,094,004	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	1,481,824	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.000000	223,031	0	2,382,220	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	24,339,308	0	90.00
91.00	09100 EMERGENCY	0.000000	1,531,567	0	5,341,129	0	91.00
91.01	09101 CARDIAC REHAB	0.000000	1,494	0	368,598	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.011355	0	0	10,366	118	92.00
200.00	Total (lines 50 through 199)		30,793,948	0	83,238,541	118	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:12 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	0.253507	9,837,396	0	0	2,493,849	50.00
51.00	05100	RECOVERY ROOM	0.277609	356,836	0	0	99,061	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243695	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.180542	2,486,652	0	0	448,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260596	5,666,933	0	0	1,476,780	54.00
57.00	05700	CT SCAN	0.048396	7,225,232	0	0	349,672	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.068285	4,246,584	0	0	289,978	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.963722	1,491,165	0	0	1,437,069	59.00
60.00	06000	LABORATORY	0.186107	7,159,390	306	0	1,332,413	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.242574	208,540	0	0	50,586	65.00
66.00	06600	PHYSICAL THERAPY	0.342332	80,059	0	0	27,407	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301321	44,039	0	0	13,270	67.00
68.00	06800	SPEECH PATHOLOGY	0.401917	11,818	0	0	4,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084289	3,965,805	0	0	334,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.291492	628,516	0	0	183,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.433634	1,812,127	0	0	785,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142556	4,094,004	0	0	583,625	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.651790	1,481,824	0	0	965,838	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.125183	2,382,220	0	0	298,213	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.729400	24,339,308	6,963	391,025	17,753,091	90.00
91.00	09100	EMERGENCY	0.335894	5,341,129	0	0	1,794,053	91.00
91.01	09101	CARDIAC REHAB	0.850491	368,598	0	0	313,489	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.284999	10,366	0	0	2,954	92.00
200.00		Subtotal (see instructions)		83,238,541	7,269	391,025	31,038,324	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		83,238,541	7,269	391,025	31,038,324	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:12 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	57	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	5,079	285,214		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CARDIAC REHAB	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	5,136	285,214		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	5,136	285,214		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:12 am
--	--	-----------------------	---	--

		Title XIX		Hospital		Cost		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.253507	0	625,277	0	0	50.00
51.00	05100	RECOVERY ROOM	0.277609	0	47,894	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243695	0	2,201	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.180542	0	232,271	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260596	0	363,147	0	0	54.00
57.00	05700	CT SCAN	0.048396	0	590,429	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.068285	0	248,808	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.963722	0	2,910	0	0	59.00
60.00	06000	LABORATORY	0.186107	0	368,750	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.242574	0	18,799	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.342332	0	190,242	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301321	0	192,718	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.401917	0	363,412	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084289	0	46,697	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.291492	0	162,635	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.433634	0	445	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142556	0	165,987	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.651790	0	0	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.125183	0	126,907	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.729400	0	339,757	0	0	90.00
91.00	09100	EMERGENCY	0.335894	0	716,409	0	0	91.00
91.01	09101	CARDIAC REHAB	0.850491	0	12,834	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.284999	0	204,008	0	0	92.00
200.00		Subtotal (see instructions)		0	5,022,537	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	5,022,537	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:12 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	158,512	0	50.00
51.00	05100 RECOVERY ROOM	13,296	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	536	0	52.00
53.00	05300 ANESTHESIOLOGY	41,935	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	94,635	0	54.00
57.00	05700 CT SCAN	28,574	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	16,990	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,804	0	59.00
60.00	06000 LABORATORY	68,627	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	4,560	0	65.00
66.00	06600 PHYSICAL THERAPY	65,126	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	58,070	0	67.00
68.00	06800 SPEECH PATHOLOGY	146,061	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,936	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,407	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	193	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,662	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	15,887	0	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	247,819	0	90.00
91.00	09100 EMERGENCY	240,637	0	91.00
91.01	09101 CARDIAC REHAB	10,915	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	58,142	0	92.00
200.00	Subtotal (see instructions)	1,348,324	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,348,324	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:12 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,688	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,393	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,651	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,496,622	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,496,622	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,496,622	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,495.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,459,705	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,459,705	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:12 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,740,018	1,024	2,675.80	633	1,693,781	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)					6,335,269	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,488,755	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)					676,094	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					196,207	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					872,301	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,616,454	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)					295	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,495.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					441,143	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:12 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	812,657	11,496,622	0.070687	441,143	31,183	90.00
91.00	Nursing School cost	0	11,496,622	0.000000	441,143	0	91.00
92.00	Allied health cost	458,032	11,496,622	0.039841	441,143	17,576	92.00
93.00	All other Medical Education	0	11,496,622	0.000000	441,143	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2018 11:12 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)		7,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,688	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,393	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		846	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)		860	15.00
16.00	Nursery days (title V or XIX only)		98	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,496,622	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,496,622	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,496,622	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,495.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,265,108	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,265,108	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:12 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	659,214	860	766.53	98	75,120	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,740,018	1,024	2,675.80	117	313,069	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)					664,027	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,317,324	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)					295	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,495.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					441,143	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:12 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	812,657	11,496,622	0.070687	441,143	31,183	90.00
91.00	Nursing School cost	0	11,496,622	0.000000	441,143	0	91.00
92.00	Allied health cost	0	11,496,622	0.000000	441,143	0	92.00
93.00	All other Medical Education	0	11,496,622	0.000000	441,143	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 11:12 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,628,330	30.00
31.00	03100	INTENSIVE CARE UNIT		1,557,241	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253507	5,551,391	50.00
51.00	05100	RECOVERY ROOM	0.277609	305,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243695	27,926	52.00
53.00	05300	ANESTHESIOLOGY	0.180542	763,814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260596	1,753,746	54.00
57.00	05700	CT SCAN	0.048396	2,109,315	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.068285	2,626,913	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.963722	192,113	59.00
60.00	06000	LABORATORY	0.186107	3,647,512	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.242574	1,486,729	65.00
66.00	06600	PHYSICAL THERAPY	0.342332	912,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301321	558,451	67.00
68.00	06800	SPEECH PATHOLOGY	0.401917	121,964	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084289	1,072,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.291492	767,076	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.433634	1,134,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142556	6,006,208	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.651790	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.125183	223,031	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.729400	0	90.00
91.00	09100	EMERGENCY	0.335894	1,531,567	91.00
91.01	09101	CARDIAC REHAB	0.850491	1,494	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.284999	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		30,793,948	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		30,793,948	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 11:12 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		342,092	30.00
31.00	03100	INTENSIVE CARE UNIT		137,311	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		75,206	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253507	216,784	50.00
51.00	05100	RECOVERY ROOM	0.277609	33,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243695	128,872	52.00
53.00	05300	ANESTHESIOLOGY	0.180542	52,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.260596	53,258	54.00
57.00	05700	CT SCAN	0.048396	99,037	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.068285	18,839	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.963722	4,351	59.00
60.00	06000	LABORATORY	0.186107	315,092	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.242574	102,021	65.00
66.00	06600	PHYSICAL THERAPY	0.342332	23,553	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301321	8,523	67.00
68.00	06800	SPEECH PATHOLOGY	0.401917	2,136	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084289	12,017	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.291492	137,060	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.433634	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142556	179,657	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.651790	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.125183	16,039	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.729400	473,531	90.00
91.00	09100	EMERGENCY	0.335894	69,845	91.00
91.01	09101	CARDIAC REHAB	0.850491	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.284999	8,868	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,954,975	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,954,975	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:12 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)		7,584,846	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,509,063	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)		199,939	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		2,219,787	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		57.19	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)		1.13	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)		1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.26	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)		0.26	12.00
13.00	Total allowable FTE count for the prior year.		0.89	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.67	15.00
16.00	Adjustment for residents in initial years of the program		3.52	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		4.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.073265	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.028902	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.028902	21.00
22.00	IME payment adjustment (see instructions)		158,151	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		34,780	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)		-0.87	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)		158,151	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		34,780	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.32	31.00
32.00	Sum of lines 30 and 31		21.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.57	33.00
34.00	Disproportionate share adjustment (see instructions)		165,792	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:12 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)	0.000028118	0.000069377	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	168,075	469,453	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	125,711	118,328	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	244,039		36.00
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)	10,861,830		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)		10,896,610	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		878,730	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).		42,290	52.00
53.00	Nursing and Allied Health Managed Care payment		10,495	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		217,527	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		12,045,652	59.00
60.00	Primary payer payments		5,524	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		12,040,128	61.00
62.00	Deductibles billed to program beneficiaries		1,162,930	62.00
63.00	Coinurance billed to program beneficiaries		5,264	63.00
64.00	Allowable bad debts (see instructions)		203,544	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		132,304	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,004,238	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)		105,894	70.93
70.94	HRR adjustment amount (see instructions)		-26,516	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:12 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	230,573	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	136,098	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,450,287	71.00
71.01	Sequestration adjustment (see instructions)		229,006	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		10,466,427	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)		754,854	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
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: 52-0028

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 11:12 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	7,584,846	0	7,584,846		7,584,846	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,509,063	0		2,509,063	2,509,063	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	199,939	0	191,492	8,447	199,939	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,219,787	0	2,219,787	0	2,219,787	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.028902	0.028902	0.028902	0.028902		5.00
6.00	IME payment adjustment (see instructions)	22.00	158,151	0	118,839	39,312	158,151	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	34,780	0	34,780	0	34,780	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	158,151	0	118,839	39,312	158,151	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	34,780	0	34,780	0	34,780	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0657	0.0657	0.0657	0.0657		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	165,792	0	124,581	41,211	165,792	11.00
11.01	Uncompensated care payments	36.00	244,039	0	125,711	118,328	244,039	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	10,861,830	0	8,145,469	2,716,361	10,861,830	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	10,896,610	0	8,180,249	2,716,361	10,896,610	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	878,730	0	663,786	214,944	878,730	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 11:12 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	8,844,035	2,931,305	11,775,340	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	817,634	0	613,431	204,203	817,634	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	18,088	0	18,088	0	18,088	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	0.0526	0.0526	0.0526	0.0526		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	43,008	0	32,267	10,741	43,008	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	878,730	0	663,786	214,944	878,730	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				0.026071	0.046429		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			230,573		230,573	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				136,098	136,098	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 11:12 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		290,350	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,038,206	2.00
3.00	OPPS payments		20,762,593	3.00
4.00	Outlier payment (see instructions)		723,495	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		24,551,221	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		87.52	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		118	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		290,350	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		398,294	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)		398,294	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)		398,294	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		107,944	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)		290,350	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		21,486,206	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,458,747	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		17,317,809	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		98,217	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		17,416,026	30.00
31.00	Primary payer payments		14,332	31.00
32.00	Subtotal (line 30 minus line 31)		17,401,694	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)		296,922	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		192,999	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		295,438	36.00
37.00	Subtotal (see instructions)		17,594,693	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,594,693	40.00
40.01	Sequestration adjustment (see instructions)		351,894	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,023,796	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		219,003	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0028

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 11:12 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		10,466,427		17,023,796	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)		10,466,427		17,023,796	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		754,854		219,003	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,221,281		17,242,799	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 11:12 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		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2018 11:12 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,317,324		1.00
2.00	Medical and other services			1,348,324	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,317,324	1,348,324	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,317,324	1,348,324	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		302,998		8.00
9.00	Ancillary service charges		1,954,975	5,022,537	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,257,973	5,022,537	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,257,973	5,022,537	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	3,674,213	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		59,351	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,257,973	1,348,324	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,257,973	1,348,324	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		59,351	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,257,973	1,348,324	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,257,973	1,348,324	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,257,973	1,348,324	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,257,973	1,348,324	40.00
41.00	Interim payments		442,351	368,945	41.00
42.00	Balance due provider/program (line 40 minus line 41)		1,815,622	979,379	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 11:12 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.26	0.00	0.26	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.26	0.00	0.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.26	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.89	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.78	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	1.86	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	1.86	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	2.64	0.00		17.00
18.00	Per resident amount	85,736.63	0.00		18.00
19.00	Approved amount for resident costs	226,345	0	226,345	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			85,736.63	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			226,345	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	4,284	1,098		26.00
27.00	Total Inpatient Days (see instructions)	8,420	8,420		27.00
28.00	Ratio of inpatient days to total inpatient days	0.508789	0.130404		28.00
29.00	Program direct GME amount	115,162	29,516		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		4,171		30.00
31.00	Net Program direct GME amount			140,507	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 11:12 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		13,488,755	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		5,524	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		13,483,231	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		31,328,674	42.00
43.00	Primary payer payments (see instructions)		14,332	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		31,314,342	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		44,797,573	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.300981	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.699019	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		140,507	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		42,290	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		98,217	50.00

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

Provider CCN: 52-0028

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

Worksheet G

Date/Time Prepared:
5/29/2018 11:12 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	9,693,967	0	0	0	1.00
2.00	Temporary investments	996,494	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,842,445	0	0	0	4.00
5.00	Other receivable	9,272,949	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,798,711	0	0	0	6.00
7.00	Inventory	3,714,204	0	0	0	7.00
8.00	Prepaid expenses	2,747,420	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	49,468,768	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,721,352	0	0	0	12.00
13.00	Land improvements	6,781,327	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	137,532,779	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	76,242,653	0	0	0	23.00
24.00	Accumulated depreciation	-127,835,545	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	3,938,690	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	98,381,256	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	127,036,420	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	7,182,773	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	134,219,193	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	282,069,217	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,783,111	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,739,893	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,176,351	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	4,170,880	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,870,235	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	65,865,280	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,014,649	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	76,879,929	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	97,750,164	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	184,319,053				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)	184,319,053	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	282,069,217	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0028

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 11:12 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		171,151,698		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,800,569			2.00
3.00	Total (sum of line 1 and line 2)		175,952,267		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES	7,723,502		0		5.00
6.00	CHGS IN INTEREST IN FOUNDATION	643,284		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		8,366,786		0	10.00
11.00	Subtotal (line 3 plus line 10)		184,319,053		0	11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		184,319,053		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES		0			5.00
6.00	CHGS IN INTEREST IN FOUNDATION		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-0028

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,575,983		10,575,983	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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)	10,575,983		10,575,983	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,589,292		2,589,292	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,589,292		2,589,292	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	13,165,275		13,165,275	17.00
18.00	Ancillary services	66,492,968		66,492,968	18.00
19.00	Outpatient services	0	256,937,055	256,937,055	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		2,110,070	2,110,070	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	3,167,606	3,167,606	26.00
27.00	PROF, CLINIC, OTHER	0	123,214,797	123,214,797	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	79,658,243	385,429,528	465,087,771	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		169,480,946		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	1			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		169,480,945		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0028

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

Worksheet G-3

Date/Time Prepared:
5/29/2018 11:12 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	465,087,771	1.00
2.00	Less contractual allowances and discounts on patients' accounts	304,807,529	2.00
3.00	Net patient revenues (line 1 minus line 2)	160,280,242	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	169,480,945	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,200,703	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	13,209,601	24.00
24.01	INVESTMENT INCOME	1,366,580	24.01
24.02	EQUITY IN EARNINGS OF AFFILIATES	-250,703	24.02
24.03	GAIN ON DISPOSAL OF EQUIPMENT	1,613	24.03
25.00	Total other income (sum of lines 6-24)	14,327,091	25.00
26.00	Total (line 5 plus line 25)	5,126,388	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	0	27.00
27.01	OTHER LOSS	325,819	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	325,819	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,800,569	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet H

HHA CCN: 52-7157

To 12/31/2017

Date/Time Prepared: 5/29/2018 11:12 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	332,189	105,801	0	0	36,355	474,345	5.00
HHA REIMBURSABLE SERVICES							
6.00	596,150	158,232	57,329	250,843	51,131	1,113,685	6.00
7.00	121,603	32,947	12,029	0	0	166,579	7.00
8.00	119,121	32,491	11,892	0	0	163,504	8.00
9.00	0	0	0	0	0	0	9.00
10.00	7,445	2,194	825	0	0	10,464	10.00
11.00	35,848	15,267	6,324	0	5,640	63,079	11.00
12.00	0	0	0	0	0	0	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	1,212,356	346,932	88,399	250,843	93,126	1,991,656	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	474,345	0	474,345			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,113,685	0	1,113,685			6.00
7.00	0	166,579	0	166,579			7.00
8.00	0	163,504	0	163,504			8.00
9.00	0	0	0	0			9.00
10.00	0	10,464	0	10,464			10.00
11.00	0	63,079	0	63,079			11.00
12.00	0	0	0	0			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	1,991,656	0	1,991,656			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet H-1 Part I Date/Time Prepared: 5/29/2018 11:12 am
		HHA CCN: 52-7157	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	474,345	0	0	0	474,345	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,113,685	0	0	0	1,113,685	6.00	
7.00	Physical Therapy	166,579	0	0	0	166,579	7.00	
8.00	Occupational Therapy	163,504	0	0	0	163,504	8.00	
9.00	Speech Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	10,464	0	0	0	10,464	10.00	
11.00	Home Health Aide	63,079	0	0	0	63,079	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
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	Tel emedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,991,656	0	0	0	1,991,656	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	474,345					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	348,163	1,461,848				6.00	
7.00	Physical Therapy	52,076	218,655				7.00	
8.00	Occupational Therapy	51,115	214,619				8.00	
9.00	Speech Pathology	0	0				9.00	
10.00	Medical Social Services	3,271	13,735				10.00	
11.00	Home Health Aide	19,720	82,799				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
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	Tel emedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		1,991,656				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 52-7157

To 12/31/2017

Part II
Date/Time Prepared:
5/29/2018 11:12 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					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-474,345	1,517,311
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,113,685
7.00	Physical Therapy	0	0	0	0	0	166,579
8.00	Occupational Therapy	0	0	0	0	0	163,504
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	10,464
11.00	Home Health Aide	0	0	0	0	0	63,079
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-474,345	1,517,311
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		474,345
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.312622

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part I Date/Time Prepared: 5/29/2018 11:12 am
		HHA CCN: 52-7157	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	80,489	0	18,718	431,425	7,664	1.00
2.00 Skilled Nursing Care	1,461,848	0	0	33,591	0	0	2.00
3.00 Physical Therapy	218,655	0	0	6,852	0	0	3.00
4.00 Occupational Therapy	214,619	0	0	6,712	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	13,735	0	0	420	0	0	6.00
7.00 Home Health Aide	82,799	0	0	2,020	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,991,656	80,489	0	68,313	431,425	7,664	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	538,296	78,081	14,166	1.00
2.00 Skilled Nursing Care	645	0	0	1,496,084	217,013	0	2.00
3.00 Physical Therapy	0	0	0	225,507	32,710	0	3.00
4.00 Occupational Therapy	0	0	0	221,331	32,105	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	14,155	2,053	0	6.00
7.00 Home Health Aide	0	0	0	84,819	12,303	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	645	0	0	2,580,192	374,265	14,166	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 52-7157

To 12/31/2017

Part I
Date/Time Prepared: 5/29/2018 11:12 am

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	184,105	0	0	0	59,119	22,667	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	184,105	0	0	0	59,119	22,667	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		14.00	15.00	16.00	17.00	21.00	22.00	
1.00	Administrative and General	56,097	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	7,362	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	56,097	0	0	7,362	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 52-7157

To 12/31/2017

Part I
Date/Time Prepared:
5/29/2018 11:12 am

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	952,531	0	952,531			1.00
2.00 Skilled Nursing Care	0	1,713,097	0	1,713,097	695,724	2,408,821	2.00
3.00 Physical Therapy	0	258,217	0	258,217	104,867	363,084	3.00
4.00 Occupational Therapy	0	253,436	0	253,436	102,925	356,361	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	23,570	0	23,570	9,572	33,142	6.00
7.00 Home Health Aide	0	97,122	0	97,122	39,443	136,565	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	3,297,973	0	3,297,973	952,531	3,297,973	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.					0.406120		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/29/2018 11:12 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	9,153	0	332,189	21	40	0	1.00
2.00 Skilled Nursing Care	0	0	596,150	0	0	55,994	2.00
3.00 Physical Therapy	0	0	121,602	0	0	0	3.00
4.00 Occupational Therapy	0	0	119,121	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	7,445	0	0	0	6.00
7.00 Home Health Aide	0	0	35,848	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,153	0	1,212,355	21	40	55,994	20.00
21.00 Total cost to be allocated	80,489	0	68,313	431,425	7,664	645	21.00
22.00 Unit cost multiplier	8.793729	0.000000	0.056347	20,544.047619	191.600000	0.011519	22.00
Cost Center Description	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	538,296	14	9,153	1.00
2.00 Skilled Nursing Care	0	0	0	1,496,084	0	0	2.00
3.00 Physical Therapy	0	0	0	225,507	0	0	3.00
4.00 Occupational Therapy	0	0	0	221,331	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	14,155	0	0	6.00
7.00 Home Health Aide	0	0	0	84,819	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	2,580,192	14	9,153	20.00
21.00 Total cost to be allocated	0	0	0	374,265	14,166	184,105	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.145053	1,011.857143	20.114170	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/29/2018 11:12 am
---	---	---	---

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	1,879	1,879	41,600	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	1,879	1,879	41,600	20.00
21.00	Total cost to be allocated	0	0	0	59,119	22,667	56,097	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	31.463012	12.063332	1.348486	22.00

Cost Center Description		INTERNS & RESIDENTS						
		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)	PARAMEDIC PRGM- PHARMACY (ASSIGNED TIME)	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	30	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	30	0	0	0	20.00
21.00	Total cost to be allocated	0	0	7,362	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	245.400000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/29/2018 11:12 am
		HHA CCN: 52-7157		

			Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,408,821		2,408,821	6,962	346.00	1.00
2.00	Physical Therapy	3.00	363,084	0	363,084	1,711	212.21	2.00
3.00	Occupational Therapy	4.00	356,361	0	356,361	1,219	292.34	3.00
4.00	Speech Pathology	5.00	0	0	0	123	0.00	4.00
5.00	Medical Social Services	6.00	33,142		33,142	114	290.72	5.00
6.00	Home Health Aide	7.00	136,565		136,565	1,351	101.08	6.00
7.00	Total (sum of lines 1-6)		3,297,973	0	3,297,973	11,480		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		27500	0	65		8.00
8.01	Skilled Nursing Care		31540	0	15		8.01
8.02	Skilled Nursing Care		40420	0	49		8.02
8.03	Skilled Nursing Care		50184	0	0		8.03
8.04	Skilled Nursing Care		50185	0	0		8.04
8.05	Skilled Nursing Care		99914	0	1,343		8.05
8.06	Skilled Nursing Care		99952	0	2,277		8.06
9.00	Physical Therapy		27500	0	19		9.00
9.01	Physical Therapy		31540	0	8		9.01
9.02	Physical Therapy		40420	0	13		9.02
9.03	Physical Therapy		50184	0	0		9.03
9.04	Physical Therapy		50185	0	0		9.04
9.05	Physical Therapy		99914	0	305		9.05
9.06	Physical Therapy		99952	0	654		9.06
10.00	Occupational Therapy		27500	0	20		10.00
10.01	Occupational Therapy		31540	0	6		10.01
10.02	Occupational Therapy		40420	0	4		10.02
10.03	Occupational Therapy		50184	0	0		10.03
10.04	Occupational Therapy		50185	0	0		10.04
10.05	Occupational Therapy		99914	0	235		10.05
10.06	Occupational Therapy		99952	0	488		10.06
11.00	Speech Pathology		27500	0	0		11.00
11.01	Speech Pathology		31540	0	1		11.01
11.02	Speech Pathology		40420	0	0		11.02
11.03	Speech Pathology		50184	0	0		11.03
11.04	Speech Pathology		50185	0	0		11.04
11.05	Speech Pathology		99914	0	1		11.05
11.06	Speech Pathology		99952	0	30		11.06
12.00	Medical Social Services		27500	0	0		12.00
12.01	Medical Social Services		31540	0	0		12.01
12.02	Medical Social Services		40420	0	1		12.02
12.03	Medical Social Services		50184	0	0		12.03
12.04	Medical Social Services		50185	0	0		12.04
12.05	Medical Social Services		99914	0	39		12.05
12.06	Medical Social Services		99952	0	13		12.06
13.00	Home Health Aide		27500	0	0		13.00
13.01	Home Health Aide		31540	0	0		13.01
13.02	Home Health Aide		40420	0	0		13.02
13.03	Home Health Aide		50184	0	0		13.03
13.04	Home Health Aide		50185	0	0		13.04
13.05	Home Health Aide		99914	0	467		13.05
13.06	Home Health Aide		99952	0	460		13.06
14.00	Total (sum of lines 8-13)			0	6,513		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/29/2018 11:12 am	
				HHA CCN: 52-7157	Title XVIII		Home Health Agency I
						PPS	
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000
Program Visits							
Cost Center Description	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	10.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	3,749		0	1,297,154	1.00
2.00	Physical Therapy	0	999		0	211,998	2.00
3.00	Occupational Therapy	0	753		0	220,132	3.00
4.00	Speech Pathology	0	32		0	0	4.00
5.00	Medical Social Services	0	53		0	15,408	5.00
6.00	Home Health Aide	0	927		0	93,701	6.00
7.00	Total (sum of lines 1-6)	0	6,513		0	1,838,393	7.00
Cost Center Description							
	6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/29/2018 11:12 am
				Title XVIII	Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0	0	0
16.00	Cost of Drugs		0	0	0	0
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	1,297,154				1.00
2.00	Physical Therapy	211,998				2.00
3.00	Occupational Therapy	220,132				3.00
4.00	Speech Pathology	0				4.00
5.00	Medical Social Services	15,408				5.00
6.00	Home Health Aide	93,701				6.00
7.00	Total (sum of lines 1-6)	1,838,393				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
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
8.06	Skilled Nursing Care					8.06
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
9.06	Physical Therapy					9.06
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
10.06	Occupational Therapy					10.06
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
11.06	Speech Pathology					11.06
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
12.06	Medical Social Services					12.06
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
13.06	Home Health Aide					13.06
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028
HHA CCN: 52-7157

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

Worksheet H-3
Part II
Date/Time Prepared:
5/29/2018 11:12 am
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.342332	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.301321	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.401917	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.291492	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.142556	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2018 11:12 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	958,839
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	77,143
13.00	Total PPS Reimbursement - LUPA Episodes		0	25,602
14.00	Total PPS Reimbursement - PEP Episodes		0	5,879
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	20,005
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,087,468
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,087,468
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,087,468
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	1,087,468
30.00	OTHER ADJUSTMENTS PER PS&R		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	1,087,468
31.01	Sequestration adjustment (see instructions)		0	21,749
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	1,065,719
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: 52-0028

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

Worksheet H-5

HHA CCN: 52-7157

Date/Time Prepared:
5/29/2018 11:12 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		1,065,719	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		1,065,719	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,065,719	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 52-1523

To 12/31/2017

Date/Time Prepared: 5/29/2018 11:12 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	292,681	292,681	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	165,094	69,342	234,436	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	21,730	0	21,730	0	13.00
14.00	PHARMACY*	0	127,344	127,344	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		8,151	8,151	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	374,430	256,793	631,223	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**	81,724	3,087	84,811	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	239,217	25,928	265,145	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	123	123	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	20,431	2,237	22,668	0	60.00
61.00	VOLUNTEER PROGRAM *	0	17,335	17,335	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	902,626	803,021	1,705,647	0	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet 0
		Hospice CCN: 52-1523		Date/Time Prepared: 5/29/2018 11:12 am
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	292,681	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	234,436	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	21,730	13.00
14.00	PHARMACY*	0	127,344	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	8,151	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	631,223	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	84,811	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	265,145	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	123	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
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	22,668	60.00
61.00	VOLUNTEER PROGRAM *	0	17,335	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	1,705,647	100.00

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

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

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

Provider CCN: 52-0028

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

Worksheet 0-1

Hospice CCN: 52-1523

Date/Time Prepared: 5/29/2018 11:12 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: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-2 Date/Time Prepared: 5/29/2018 11:12 am
--	---	---	--

		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						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	374,430	256,793	631,223	0	631,223	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	81,724	3,087	84,811	0	84,811	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	239,217	25,928	265,145	0	265,145	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	123	123	0	123	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 *	695,371	285,931	981,302	0	981,302	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	631,223	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	84,811	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	265,145	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	123	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	981,302	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE	Provider CCN: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-3 Date/Time Prepared: 5/29/2018 11:12 am
---	---	---	--

		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		7,351	7,351	0	7,351	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	7,351	7,351	0	7,351	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	7,351	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	7,351	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-4 Date/Time Prepared: 5/29/2018 11:12 am
--	---	---	--

		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		800	800	0	800	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	800	800	0	800	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	800	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	800	100.00

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

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

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet 0-5

Hospice CCN: 52-1523

To 12/31/2017

Date/Time Prepared: 5/29/2018 11:12 am

Descriptions		Hospice I		
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1.00	2.00	3.00
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	74,052	74,052
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT	292,681	50,860	343,541
4.00	ADMINISTRATIVE & GENERAL	234,436	564,840	799,276
5.00	PLANT OPERATION & MAINTENANCE	0	440,558	440,558
6.00	LAUNDRY & LINEN SERVICE	0	0	0
7.00	HOUSEKEEPING	0	0	0
8.00	DIETARY	0	0	0
9.00	NURSING ADMINISTRATION	0	12,848	12,848
10.00	ROUTINE MEDICAL SUPPLIES	0	9,709	9,709
11.00	MEDICAL RECORDS	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	21,730	0	21,730
14.00	PHARMACY	127,344	378,849	506,193
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	2,454	2,454
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	981,302	0	981,302
52.00	HOSPICE INPATIENT RESPIRE CARE	7,351	0	7,351
53.00	HOSPICE GENERAL INPATIENT CARE	800	0	800
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	22,668	0	22,668
61.00	VOLUNTEER PROGRAM	17,335	0	17,335
62.00	FUNDRAISING	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0
66.00	RESIDENTIAL CARE	0	0	0
67.00	ADVERTISING	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0
69.00	THRIFT STORE	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0
100.00	TOTAL	1,705,647	1,534,170	3,239,817

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2017

Part I
Date/Time Prepared:
5/29/2018 11:12 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	74,052	74,052			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	343,541	0	0	343,541	3.00
4.00	ADMINISTRATIVE & GENERAL	799,276	74,052	0	0	873,328
5.00	PLANT OPERATION & MAINTENANCE	440,558	0	0	0	440,558
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	12,848	0	0	0	12,848
10.00	ROUTINE MEDICAL SUPPLIES	9,709	0	0	0	9,709
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	21,730	0	0	0	21,730
14.00	PHARMACY	506,193	0	0	0	506,193
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		2,454
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	981,302			343,541	1,324,843
52.00	HOSPICE INPATIENT RESPIRE CARE	7,351	0	0	0	7,351
53.00	HOSPICE GENERAL INPATIENT CARE	800	0	0	0	800
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	22,668	0	0	0	22,668
61.00	VOLUNTEER PROGRAM	17,335	0	0	0	17,335
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
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	3,239,817	74,052	0	343,541	3,239,817

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2017

Part I
Date/Time Prepared:
5/29/2018 11:12 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	873,328					4.00
5.00 PLANT OPERATION & MAINTENANCE	162,584	603,142				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	4,741	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	3,583	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	8,019	0		0		13.00
14.00 PHARMACY	186,805	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	906	603,142		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	488,920					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	2,713	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	295	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	8,365	0		0		60.00
61.00 VOLUNTEER PROGRAM	6,397	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	873,328	603,142	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2017

Part I
Date/Time Prepared:
5/29/2018 11:12 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	17,589					9.00
10.00	0	13,292				10.00
11.00	0		0			11.00
12.00	0			0		12.00
13.00	0			0	29,749	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	17,589	13,279	0	0	0	51.00
52.00	0	9	0	0	0	52.00
53.00	0	4	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	29,749	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	17,589	13,292	0	0	29,749	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2017

Part I
Date/Time Prepared:
5/29/2018 11:12 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	692,998					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				606,502		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	692,998	0	0		2,537,629	51.00
52.00	0	0	0	404,335	414,408	52.00
53.00	0	0	0	202,167	203,266	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		31,033	60.00
61.00	0		0		53,481	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	0	71.00
99.00	0	0	0	0	0	99.00
100.00	692,998	0	0	606,502	3,239,817	100.00

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

Provider CCN: 52-0028

Hospice CCN: 52-1523

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	198					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	668,033			3.00
4.00	ADMINISTRATIVE & GENERAL	198	0	0	-873,328	2,366,489	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	440,558	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	12,848	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	9,709	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	21,730	13.00
14.00	PHARMACY	0	0	0	0	506,193	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	2,454	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			668,033	0	1,324,843	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	7,351	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	800	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	22,668	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	17,335	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)	74,052	0	343,541		873,328	100.00
101.00	UNIT COST MULTIPLIER	374.000000	0.000000	0.514258		0.369040	101.00

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

Provider CCN: 52-0028

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/29/2018 11:12 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	198					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		15,941	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	198		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					15,941	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	603,142	0	0	0	17,589	100.00
101.00	UNIT COST MULTIPLIER	3,046.171717	0.000000	0.000000	0.000000	1.103381	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

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

Part II
Date/Time Prepared:
5/29/2018 11:12 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	14,893					10.00
11.00	MEDICAL RECORDS		14,893				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	129,213	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	14,878	14,878	0	0	129,213	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	10	10	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5	5	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	100	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	13,292	0	0	29,749	692,998	100.00
101.00	UNIT COST MULTIPLIER	0.892500	0.000000	0.000000	297.490000	5.363222	101.00

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

Provider CCN: 52-0028

Hospice CCN: 52-1523

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/29/2018 11:12 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			15		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	10		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	5		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)		0	606,502		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	40,433.466667		101.00

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

Provider CCN: 52-0028

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

Worksheet 0-7

Hospice CCN: 52-1523

Date/Time Prepared: 5/29/2018 11:12 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	
				0	1.00	2.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.342332	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.301321	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.401917	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.142556	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.186107	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.291492	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0028

Period: From 01/01/2017

Worksheet 0-8

Hospice CCN: 52-1523

To 12/31/2017

Date/Time Prepared: 5/29/2018 11:12 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
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
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)			2,537,629
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			14,878
8.00	Total average cost per diem (line 6 divided by line 7)			170.56
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	14,878	0	14,878
10.00	Program cost (line 8 times line 9)	2,537,592	0	2,537,592
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)			414,408
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			10
13.00	Total average cost per diem (line 11 divided by line 12)			41,440.80
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	10	0	10
15.00	Program cost (line 13 times line 14)	414,408	0	414,408
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)			203,266
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			5
18.00	Total average cost per diem (line 16 divided by line 17)			40,653.20
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	5	0	5
20.00	Program cost (line 18 times line 19)	203,266	0	203,266
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,155,303
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			14,893
23.00	Average cost per diem (line 21 divided by line 22)			211.86

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0028	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 11:12 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		817,634	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,088	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)		23.07	3.00
4.00	Number of interns & residents (see instructions)		4.19	4.00
5.00	Indirect medical education percentage (see instructions)		5.26	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)		43,008	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)		878,730	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