

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 10/29/2019 2:12 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 10/29/2019 Time: 2:12 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No.	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COLUMBUS REGIONAL HOSPITAL (15-0112) 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	212,287	193,248	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	99,709	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
200.00 Total	0	311,996	193,248	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 10/29/2019 2:12 pm
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2400 EAST 17TH STREET			PO Box:						1.00	
2.00	City: COLUMBUS			State: IN		Zip Code: 47201-		County: BARTHOLOMEW		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		COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	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										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										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)					8				21.00	
						1.00	2.00	3.00			

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112			Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 10/29/2019 2:12 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	676	524	12	0	6,533	98		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	67	399	0	0	0			25.00
						Urban/Rural	S	Date of Geogr	
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1			60.02
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
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)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0112

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

Worksheet S-2
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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)	N		0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
						1.00	2.00
						1.00	2.00
						3.00	
115.00	Miscellaneous Cost Reporting Information Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	819,040	0	0		118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 10/29/2019 2:12 pm							
		1.00	2.00										
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00					
All Providers													
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	1.00	2.00	3.00	Y			140.00					
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						
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.			Y			145.00						
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N			146.00						
							1.00						
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N						147.00					
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N						148.00					
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N						149.00					
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		N		N		155.00			
156.00	Subprovider - IPF	N		N		N		N		156.00			
157.00	Subprovider - IRF	N		N		N		N		157.00			
158.00	SUBPROVIDER	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
161.10	CORF	N		N		N		N		161.10			
									1.00				
Multi campus													
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N						165.00					
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	
													1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									0			
168.01	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)							0.00		169.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 10/29/2019 2:12 pm	
			Beginning 1.00	Ending 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)		02/01/2017	05/01/2017	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		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 10/29/2019 2:12 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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)	Y					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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/18/2018	Y	04/18/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/18/2018	Y	04/18/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 10/29/2019 2:12 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y	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.			N	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.	CATHERINE		SIMMONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COLUMBUS REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-376-5248		CSI MMONS@CRH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 10/29/2019 2:12 pm
		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.	MANAGER ACCOUNTING		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	197	71,905	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)		197	71,905	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		214	78,110	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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						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)		232				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,848	5,646	26,577			1.00
2.00 HMO and other (see instructions)	3,337	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	204	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)	11,848	5,646	26,577			7.00
8.00 INTENSIVE CARE UNIT	1,321	470	3,361			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,727	3,269			13.00
14.00 Total (see instructions)	13,169	7,843	33,207	0.00	1,292.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,196	466	3,676	0.00	23.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,315.00	27.00
28.00 Observation Bed Days		766	3,127			28.00
29.00 Ambulance Trips	4,303					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	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

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	3,727	1,672	8,865	1.00	
2.00 HMO and other (see instructions)			852	0		2.00	
3.00 HMO IPF Subprovider				0		3.00	
4.00 HMO IRF Subprovider				0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 INTENSIVE CARE UNIT						8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	0.00	0	3,727	1,672	8,865	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00	
17.00 SUBPROVIDER - IRF	0.00	0	177	40	300	17.00	
18.00 SUBPROVIDER	0.00	0		0	0	18.00	
19.00 SKILLED NURSING FACILITY	0.00					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						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: 15-0112		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 10/29/2019 2:12 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	80,218,479	-487,563	79,730,916	2,714,048.00	29.38	1.00
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		1,093,676	0	1,093,676	5,999.00	182.31	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		186,771	0	186,771	4,067.00	45.92	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,858,539	813,604	5,672,143	230,643.00	24.59	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		13,151,674	0	13,151,674	256,975.00	51.18	11.00
12.00	Contract Labor: Top level management and other management and administrative services		1,724,209	0	1,724,209	34,783.00	49.57	12.00
13.00	Contract Labor: Physician-Part A - Administrative		5,663,823	0	5,663,823	41,968.00	134.96	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		5,441,602	0	5,441,602	54,976.00	98.98	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		23,794,215	0	23,794,215			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,842,313	0	1,842,313			19.00
20.00	Non-physician anesthesiologist Part A		0	0	0			20.00
21.00	Non-physician anesthesiologist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		415,889	0	415,889			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,216,829	-1,092,250	124,579	3,343.00	26.00
27.00	Administrative & General	5.00	14,056,808	532,402	14,589,210	465,638.00	27.00
28.00	Administrative & General under contract (see inst.)		5,618,881	0	5,618,881	63,213.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,396,996	29,968	2,426,964	80,934.00	30.00
31.00	Laundry & Linen Service	8.00	24,885	-2,388	22,497	1,607.00	31.00
32.00	Housekeeping	9.00	1,666,203	18,783	1,684,986	112,289.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,997,300	-1,364,577	632,723	37,321.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	1,385,525	1,385,525	81,724.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,473,540	71,375	3,544,915	80,475.00	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	39.00
40.00	Pharmacy	15.00	3,629,873	-172,991	3,456,882	75,871.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,549,353	-647,044	902,309	35,770.00	41.00
42.00	Social Service	17.00	525,626	8,126	533,752	15,820.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part III
Date/Time Prepared:
10/29/2019 2:12 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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)	84,556,913	-487,563	84,069,350	2,767,195.00	30.38	1.00
2.00	Excluded area salaries (see instructions)	4,858,539	813,604	5,672,143	230,643.00	24.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,698,374	-1,301,167	78,397,207	2,536,552.00	30.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,981,308	0	25,981,308	388,702.00	66.84	4.00
5.00	Subtotal wage-related costs (see inst.)	23,794,215	0	23,794,215	0.00	30.35	5.00
6.00	Total (sum of lines 3 thru 5)	129,473,897	-1,301,167	128,172,730	2,925,254.00	43.82	6.00
7.00	Total overhead cost (see instructions)	36,156,294	-1,233,071	34,923,223	1,054,005.00	33.13	7.00

Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 10/29/2019 2:12 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,543,253	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	276,708	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)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	13,895,633	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	414,083	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	64,201	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)	1,144,634	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	645,561	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	5,678,936	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	44,593	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	65,203	22.00
23.00	Tuition Reimbursement	279,612	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,052,417	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0112

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

Worksheet S-3
Part V
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	13,151,674	26,052,417	1.00
2.00	Hospital	13,151,674	26,052,417	2.00
3.00	Subprovider - IPF	0	0	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	0	0	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			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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 10/29/2019 2:12 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.356321		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		13,120,773		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		10,726,659		5.00	
6.00	Medicaid charges		97,954,977		6.00	
7.00	Medicaid cost (line 1 times line 6)		34,903,415		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)		11,055,983		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)		11,055,983		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)	10,723,918	0	10,723,918	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,821,157	0	3,821,157	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	3,821,157	0	3,821,157	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		11,744,168		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		782,173		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,203,342		27.01	
28.00	Non-Medicare bad debt expense (see instructions)		10,540,826		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,177,087		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,998,244		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,054,227		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
10/29/2019 2:12 pm

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	CAP REL COSTS-BLDG & FIXT		19,081,837	19,081,837	-8,386,335	10,695,502	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	10,916,247	10,916,247	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,216,829	31,406,429	32,623,258	-4,120,907	28,502,351	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,056,808	40,448,741	54,505,549	-5,708,617	48,796,932	5.00
7.00	00700	OPERATION OF PLANT	2,396,996	6,626,866	9,023,862	-2,358,434	6,665,428	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,885	648,964	673,849	-2,388	671,461	8.00
9.00	00900	HOUSEKEEPING	1,666,203	806,421	2,472,624	18,783	2,491,407	9.00
10.00	01000	DIETARY	1,997,300	1,013,903	3,011,203	-2,060,621	950,582	10.00
11.00	01100	CAFETERIA	0	0	0	2,081,569	2,081,569	11.00
13.00	01300	NURSING ADMINISTRATION	3,473,540	669,630	4,143,170	74,718	4,217,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	803,920	803,920	294,267	1,098,187	14.00
15.00	01500	PHARMACY	3,629,873	1,978,509	5,608,382	-127,069	5,481,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,549,353	1,521,183	3,070,536	-1,655,933	1,414,603	16.00
17.00	01700	SOCIAL SERVICE	525,626	2,809	528,435	9,286	537,721	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	145,823	3,219	149,042	327,579	476,621	23.01
23.02	02302	PHARMACY RESIDENCY PROG	205,721	4,579	210,300	178,366	388,666	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,410,486	1,936,912	15,347,398	991,109	16,338,507	30.00
31.00	03100	INTENSIVE CARE UNIT	2,142,144	1,360,375	3,502,519	-115,388	3,387,131	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,259,727	118,742	1,378,469	209,794	1,588,263	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	661,451	22,458	683,909	-4,176	679,733	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	661,879	26,005,914	26,667,793	-5,420,732	21,247,061	50.00
51.00	05100	RECOVERY ROOM	148	980,339	980,487	302,588	1,283,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	227,291	227,291	76,004	303,295	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,767,323	492,287	2,259,610	-89,536	2,170,074	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	370,878	1,401,535	1,772,413	-368,754	1,403,659	54.01
54.02	05404	ULTRA SOUND	462,134	278,053	740,187	42,690	782,877	54.02
54.03	05405	MAMMOGRAPHY	739,447	309,829	1,049,276	142,393	1,191,669	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,636,917	223,640	1,860,557	722,545	2,583,102	55.00
57.00	05700	CT SCAN	596,823	837,988	1,434,811	-496,032	938,779	57.00
58.00	05800	MRI	284,632	155,591	440,223	-12,977	427,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,584,939	4,070,862	5,655,801	-3,334,700	2,321,101	59.00
60.00	06000	LABORATORY	3,974,179	3,766,896	7,741,075	122,578	7,863,653	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	318,871	245,943	564,814	227,275	792,089	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	600,236	600,236	46,053	646,289	62.00
65.00	06500	RESPIRATORY THERAPY	1,599,518	361,639	1,961,157	-66,879	1,894,278	65.00
66.00	06600	PHYSICAL THERAPY	4,155,376	631,860	4,787,236	-644,174	4,143,062	66.00
67.00	06700	OCCUPATIONAL THERAPY	489,466	7,447	496,913	791,930	1,288,843	67.00
68.00	06800	SPEECH PATHOLOGY	734,196	346,208	1,080,404	-198,309	882,095	68.00
69.00	06900	ELECTROCARDIOLOGY	559,617	398,455	958,072	-261,973	696,099	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	625,154	295,623	920,777	21,245	942,022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,729,620	6,729,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,395,290	8,395,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,460,581	17,460,581	0	17,460,581	73.00
74.00	07400	RENAL DIALYSIS	337	568,091	568,428	0	568,428	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	215,247	166,502	381,749	7,740	389,489	76.97
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	867,490	256,897	1,124,387	5,814	1,130,201	90.00
90.01	09001	DIABETES CENTER	86,459	123,790	210,249	25,427	235,676	90.01
90.02	09002	NEUROPSYCH	306,953	8,736	315,689	3,962	319,651	90.02
90.03	09003	WOUND CENTER	449,279	1,097,107	1,546,386	-85,136	1,461,250	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	202,193	202,193	90.04
90.05	09005	VIMCARE CLINIC	488,385	80,209	568,594	4,020	572,614	90.05
90.06	09006	MEDIATION MGMT CLINIC	248,642	3,293	251,935	1,787	253,722	90.06
91.00	09100	EMERGENCY	5,384,157	1,524,083	6,908,240	2,067,559	8,975,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,072,607	371,302	3,443,909	53,059	3,496,968	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
10/29/2019 2:12 pm

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	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	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		1,707,033	1,707,033	-1,707,033	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,043,818	173,460,757	253,504,575	-2,132,613	251,371,962	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	270,435	270,435	194.00
194.01	07951	BUILDING RENTALS	0	185,232	185,232	-57,271	127,961	194.01
194.02	07952	HOSPICE	0	97,336	97,336	0	97,336	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	302,784	302,784	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,620,965	1,620,965	194.05
194.06	07956	CRH FOUNDATION	13,254	0	13,254	0	13,254	194.06
194.07	07957	HEALTHY COMMUNITIES	161,407	41,850	203,257	-24,200	179,057	194.07
194.08	07958	CRHP	0	0	0	19,900	19,900	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	80,218,479	173,785,175	254,003,654	0	254,003,654	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-487,094	10,208,408	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-396,187	10,520,060	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-39,124	28,463,227	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,030,501	31,766,431	5.00
7.00	00700	OPERATION OF PLANT	-98,995	6,566,433	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	671,461	8.00
9.00	00900	HOUSEKEEPING	-100	2,491,307	9.00
10.00	01000	DIETARY	-135,948	814,634	10.00
11.00	01100	CAFETERIA	-1,105,677	975,892	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,217,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,098,187	14.00
15.00	01500	PHARMACY	-54,795	5,426,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-27,136	1,387,467	16.00
17.00	01700	SOCIAL SERVICE	0	537,721	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-20,480	456,141	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	388,666	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,098,928	15,239,579	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,387,131	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,588,263	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	679,733	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-169,617	21,077,444	50.00
51.00	05100	RECOVERY ROOM	0	1,283,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-8,040	295,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45,153	2,124,921	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,403,659	54.01
54.02	05404	ULTRA SOUND	0	782,877	54.02
54.03	05405	MAMMOGRAPHY	-648	1,191,021	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-59,937	2,523,165	55.00
57.00	05700	CT SCAN	0	938,779	57.00
58.00	05800	MRI	0	427,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	-50,046	2,271,055	59.00
60.00	06000	LABORATORY	-9,758	7,853,895	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-9,584	782,505	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	646,289	62.00
65.00	06500	RESPIRATORY THERAPY	-3,865	1,890,413	65.00
66.00	06600	PHYSICAL THERAPY	-12,105	4,130,957	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,288,843	67.00
68.00	06800	SPEECH PATHOLOGY	-2,107	879,988	68.00
69.00	06900	ELECTROCARDIOLOGY	-36,414	659,685	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	942,022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,729,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,395,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,460,581	73.00
74.00	07400	RENAL DIALYSIS	0	568,428	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-3,268	386,221	76.97
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	0	1,130,201	90.00
90.01	09001	DIABETES CENTER	-600	235,076	90.01
90.02	09002	NEUROPSYCH	-186,771	132,880	90.02
90.03	09003	WOUND CENTER	-23,509	1,437,741	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-2,620	199,573	90.04
90.05	09005	VIMCARE CLINIC	0	572,614	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	253,722	90.06
91.00	09100	EMERGENCY	-673,761	8,302,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-410,098	3,086,870	95.00
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
101.00	10100 HOME HEALTH AGENCY	0	0	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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-22,202,866	229,169,096	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	270,435	194.00
194.01	07951 BUILDING RENTALS	0	127,961	194.01
194.02	07952 HOSPICE	0	97,336	194.02
194.03	07953 OUTREACH CLINICS	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	302,784	194.04
194.05	07955 NONALLOWABLE MARKETING	0	1,620,965	194.05
194.06	07956 CRH FOUNDATION	0	13,254	194.06
194.07	07957 HEALTHY COMMUNITIES	0	179,057	194.07
194.08	07958 CRHP	0	19,900	194.08
194.09	07959 NEUROPSYCH PART B	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-22,202,866	231,800,788	200.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
10/29/2019 2:12 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
B - RECLASS DEPREC BLDG/EQUIP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,221,479	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	485,554	2.00
	O		0	1,707,033	
C - RECLASS INSURANCE					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,541	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	822,879	2.00
3.00	AMBULANCE SERVICES	95.00	0	36,236	3.00
4.00	LABORATORY	60.00	0	3,798	4.00
	O		0	864,454	
D - RECLASS BILLING COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	665,318	1,008,889	1.00
	O		665,318	1,008,889	
E - RECLASS HYPERBARIC THERAPY EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	61,875	97,474	1.00
	O		61,875	97,474	
F - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,371,144	696,044	1.00
	O		1,371,144	696,044	
G - RECLASS WELLNESS					
1.00	WELLNESS COMMUNITY	194.00	171,303	108,743	1.00
	O		171,303	108,743	
H - RECLASS PHYSICIAN FEES					
1.00		0.00	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,396,552	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	26,300	3.00
4.00	SUBPROVIDER - IRF	41.00	0	117,479	4.00
5.00	OPERATING ROOM	50.00	0	826,558	5.00
6.00	ANESTHESIOLOGY	53.00	0	45,000	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	103,126	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	100,786	8.00
9.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	9.00
10.00	RESPIRATORY THERAPY	65.00	0	12,000	10.00
11.00	PHYSICAL THERAPY	66.00	0	23,750	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	106,372	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,575	13.00
14.00	CARDIAC REHABILITATION	76.97	0	6,623	14.00
15.00	EMERGENCY	91.00	0	2,099,089	15.00
16.00	AMBULANCE SERVICES	95.00	0	13,125	16.00
17.00	WOUND CENTER	90.03	0	36,931	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	4,044	18.00
	O		0	5,152,310	
I - RECLASS REHAB SERVICES					
1.00	OCCUPATIONAL THERAPY	67.00	24,221	24,256	1.00
2.00	PHYSICAL THERAPY	66.00	46,221	40,559	2.00
3.00	SPEECH PATHOLOGY	68.00	18,879	78,132	3.00
4.00	SUBPROVIDER - IRF	41.00	140,715	2,319	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	5,591	1,546	5.00
6.00	SOCIAL SERVICE	17.00	4,193	1,160	6.00
7.00	ADULTS & PEDIATRICS	30.00	37,738	10,437	7.00
8.00	NEUROPSYCH	90.02	6,184	1,546	8.00
9.00	WOUND CENTER	90.03	8,999	85,305	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	574	37,786	10.00
11.00	DIABETES CENTER	90.01	19,568	5,412	11.00
	O		312,883	288,458	
J - RECLASS PHARMACY RES PROGRAM					
1.00	PHARMACY RESIDENCY PROG	23.02	173,456	760	1.00
2.00	PHARMACY RESIDENCY PROG	23.02	0	1,832	2.00
3.00	PHARMACY RESIDENCY PROG	23.02	0	1,425	3.00
	O		173,456	4,017	
L - RECLASS MARKETING EXPENSE					
1.00	NONALLOWABLE MARKETING	194.05	0	140,000	1.00
	O		0	140,000	
M - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,430,693	1.00
	O		0	10,430,693	
N - RECLASS MAINTENANCE EXPENSE					
1.00	RESPIRATORY THERAPY	65.00	0	3,292	1.00
2.00	ANESTHESIOLOGY	53.00	0	2,750	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	288,305	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	91,155	4.00
5.00	OPERATING ROOM	50.00	0	231,652	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	593,851	6.00
7.00	LABORATORY	60.00	0	135,018	7.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
10/29/2019 2:12 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
8.00	LABORATORY-PATHOLOGICAL	60.01	0	518	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	830	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	244,942	10.00
11.00	MAMMOGRAPHY	54.03	0	153,860	11.00
12.00	ULTRASOUND	54.02	0	48,348	12.00
13.00	CT SCAN	57.00	0	194,839	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	193,350	14.00
15.00	MRI	58.00	0	133,600	15.00
16.00	PHARMACY	15.00	0	46,682	16.00
17.00	EMERGENCY	91.00	0	3,569	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	18,498	18.00
19.00	NURSING ADMINISTRATION	13.00	0	3,343	19.00
			0	2,388,402	
P - RECLASS CRHP EXPENSES					
1.00	CRHP	194.08	0	19,900	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	28,637	2.00
			0	48,537	
O - RECLASS XRAY EDUCATION EXPENSES					
1.00	XRAY EDUCATION	23.01	52	0	1.00
2.00	XRAY EDUCATION	23.01	314,151	546	2.00
3.00	XRAY EDUCATION	23.01	0	2,971	3.00
4.00	XRAY EDUCATION	23.01	0	8,734	4.00
5.00	XRAY EDUCATION	23.01	232	0	5.00
			314,435	12,251	
R - RECLASS ADMIN HEALTHY COMMUNITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	24,870	0	1.00
			24,870	0	
S - RECLASS NON ALLOW ADVERTISING COSTS					
1.00	NONALLOWABLE MARKETING	194.05	0	1,480,965	1.00
			0	1,480,965	
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP					
1.00		0.00	0	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	235,044	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,739	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	46,932	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	46,819	5.00
			0	339,534	
U - RECLASS CHARGEABLE SUPPLY COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	208,982	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	141,131	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,738	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,895	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,462,077	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,239,366	6.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,262	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	559,573	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,139	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,089	11.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	689,028	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	144,779	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,567,018	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,155,924	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,536	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	22,450	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	302,784	19.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
10/29/2019 2:12 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	371,027	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	63,941	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,938	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,745	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,738	24.00
	O		0	15,088,160	
V - RECL PTO COST FOR STD ELIMINATION PD					
1.00		0.00	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,230	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,426	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,598	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,646	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48,166	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,876	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,835	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,745	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,601	10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,885	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,087	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44,727	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,146	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	122,092	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,632	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,876	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,971	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,124	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,541	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,825	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	476	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,778	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,193	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,129	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,741	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,009	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,609	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38,651	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,576	30.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	668	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,003	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,215	34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,046	35.00
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	440	36.00
	O		0	487,563	
W - RECLASS DEPT 9902 EMP BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	585,976	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	203,112	2.00
3.00	OPERATING ROOM	50.00	0	2,262,500	3.00
4.00	RECOVERY ROOM	51.00	0	302,588	4.00
5.00	ANESTHESIOLOGY	53.00	0	28,254	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	425,723	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,651	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	203,263	0	8.00
9.00	OPERATION OF PLANT	7.00	37,844	0	9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	447	0	10.00
11.00	HOUSEKEEPING	9.00	26,528	0	11.00
12.00	DIETARY	10.00	10,168	0	12.00
13.00	CAFETERIA	11.00	22,266	0	13.00
14.00	NURSING ADMINISTRATION	13.00	88,462	0	14.00
15.00	PHARMACY	15.00	45,192	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	29,420	0	16.00
17.00	SOCIAL SERVICE	17.00	8,531	0	17.00
18.00	XRAY EDUCATION	23.01	893	0	18.00
19.00	PHARMACY RESIDENCY PROG	23.02	893	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	111,670	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	16,814	0	21.00
22.00	SUBPROVIDER - IRF	41.00	9,827	0	22.00
23.00	NURSERY	43.00	4,690	0	23.00
24.00	OPERATING ROOM	50.00	7,125	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	28,306	0	25.00

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
26.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,010	0	26.00
27.00	ULTRA SOUND	54.02	3,127	0	27.00
28.00	MAMMOGRAPHY	54.03	10,048	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	7,147	0	29.00
30.00	CT SCAN	57.00	3,350	0	30.00
31.00	MRI	58.00	1,563	0	31.00
32.00	CARDIAC CATHETERIZATION	59.00	13,892	0	32.00
33.00	LABORATORY	60.00	49,824	0	33.00
34.00	LABORATORY-PATHOLOGICAL	60.01	2,233	0	34.00
35.00	RESPIRATORY THERAPY	65.00	18,845	0	35.00
36.00	PHYSICAL THERAPY	66.00	32,970	0	36.00
37.00	OCCUPATIONAL THERAPY	67.00	7,589	0	37.00
38.00	SPEECH PATHOLOGY	68.00	9,202	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	3,350	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	5,579	0	40.00
41.00	CLINIC	90.00	6,254	0	41.00
42.00	DIABETES CENTER	90.01	447	0	42.00
43.00	NEUROPSYCH	90.02	2,010	0	43.00
44.00	WOUND CENTER	90.03	6,919	0	44.00
45.00	HYPERBARIC OXYGEN THERAPY	90.04	440	0	45.00
46.00	EMERGENCY	91.00	34,842	0	46.00
47.00	AMBULANCE SERVICES	95.00	34,658	0	47.00
48.00	CARDIAC REHABILITATION	76.97	1,117	0	48.00
49.00	HEALTHY COMMUNITIES	194.07	670	0	49.00
50.00	VIMCARE CLINIC	90.05	4,020	0	50.00
51.00	MEDICATION MGMT CLINIC	90.06	1,787	0	51.00
52.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	271	0	52.00
53.00	WELLNESS COMMUNITY	194.00	4,715	0	53.00
0			921,218	3,828,804	
X - RECLASS OT SALARIES AND OTHER EXP					
1.00	OCCUPATIONAL THERAPY	67.00	568,863	169,615	1.00
0			568,863	169,615	
Y - RECL MILLRACE FOR WELLNESS/OP/PT					
1.00	PHYSICAL THERAPY	66.00	0	7,178	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	1,460	2.00
3.00	PHYSICAL THERAPY	66.00	0	4,727	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	961	4.00
0			0	14,326	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	46,053	0	1.00
0			46,053	0	
500.00	Grand Total: Increases		4,631,418	44,356,272	500.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
10/29/2019 2:12 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - RECLASS DEPREC BLDG/EQUIP							
1.00	INTEREST EXPENSE	113.00	0	1,221,479	11	1.00	
2.00	INTEREST EXPENSE	113.00	0	485,554	11	2.00	
	O		0	1,707,033			
C - RECLASS INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,541	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	822,879	12	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	36,236	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	0	3,798	0	4.00	
	O		0	864,454			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	665,318	1,008,889	0	1.00	
	O		665,318	1,008,889			
E - RECLASS HYPERBARIC THERAPY EXPENSE							
1.00	WOUND CENTER	90.03	61,875	97,474	0	1.00	
	O		61,875	97,474			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,371,144	696,044	0	1.00	
	O		1,371,144	696,044			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	171,303	108,743	0	1.00	
	O		171,303	108,743			
H - RECLASS PHYSICIAN FEES							
1.00		0.00	0	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,396,552	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	26,300	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	0	117,479	0	4.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	0	826,558	0	5.00	
6.00	OPERATING ROOM	50.00	0	45,000	0	6.00	
7.00	ADMINISTRATIVE & GENERAL	5.00	0	103,126	0	7.00	
8.00	ADMINISTRATIVE & GENERAL	5.00	0	100,786	0	8.00	
9.00	ADMINISTRATIVE & GENERAL	5.00	0	225,000	0	9.00	
10.00	ADMINISTRATIVE & GENERAL	5.00	0	12,000	0	10.00	
11.00	ADMINISTRATIVE & GENERAL	5.00	0	23,750	0	11.00	
12.00	ADMINISTRATIVE & GENERAL	5.00	0	106,372	0	12.00	
13.00	ADMINISTRATIVE & GENERAL	5.00	0	9,575	0	13.00	
14.00	ADMINISTRATIVE & GENERAL	5.00	0	6,623	0	14.00	
15.00	ADMINISTRATIVE & GENERAL	5.00	0	2,099,089	0	15.00	
16.00	ADMINISTRATIVE & GENERAL	5.00	0	13,125	0	16.00	
17.00	ADMINISTRATIVE & GENERAL	5.00	0	36,931	0	17.00	
18.00	ADMINISTRATIVE & GENERAL	5.00	0	4,044	0	18.00	
	O		0	5,152,310			
I - RECLASS REHAB SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	24,221	24,256	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	46,221	40,559	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	18,879	78,132	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	140,715	2,319	0	4.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	5,591	1,546	0	5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	4,193	1,160	0	6.00	
7.00	ADMINISTRATIVE & GENERAL	5.00	37,738	10,437	0	7.00	
8.00	ADMINISTRATIVE & GENERAL	5.00	6,184	1,546	0	8.00	
9.00	ADMINISTRATIVE & GENERAL	5.00	8,999	85,305	0	9.00	
10.00	ADMINISTRATIVE & GENERAL	5.00	574	37,786	0	10.00	
11.00	ADMINISTRATIVE & GENERAL	5.00	19,568	5,412	0	11.00	
	O		312,883	288,458			
J - RECLASS PHARMACY RES PROGRAM							
1.00	PHARMACY	15.00	173,456	760	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,832	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,425	0	3.00	
	O		173,456	4,017			
L - RECLASS MARKETING EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	140,000	0	1.00	
	O		0	140,000			
M - RECLASS DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,430,693	9	1.00	
	O		0	10,430,693			
N - RECLASS MAINTENANCE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	3,292	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	2,750	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	288,305	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	91,155	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	231,652	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	593,851	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	135,018	0	7.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
10/29/2019 2:12 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
8.00	OPERATION OF PLANT	7.00	0	518	0	8.00	
9.00	OPERATION OF PLANT	7.00	0	830	0	9.00	
10.00	OPERATION OF PLANT	7.00	0	244,942	0	10.00	
11.00	OPERATION OF PLANT	7.00	0	153,860	0	11.00	
12.00	OPERATION OF PLANT	7.00	0	48,348	0	12.00	
13.00	OPERATION OF PLANT	7.00	0	194,839	0	13.00	
14.00	OPERATION OF PLANT	7.00	0	193,350	0	14.00	
15.00	OPERATION OF PLANT	7.00	0	133,600	0	15.00	
16.00	OPERATION OF PLANT	7.00	0	46,682	0	16.00	
17.00	OPERATION OF PLANT	7.00	0	3,569	0	17.00	
18.00	OPERATION OF PLANT	7.00	0	18,498	0	18.00	
19.00	OPERATION OF PLANT	7.00	0	3,343	0	19.00	
0			0	2,388,402			
P - RECLASS CRHP EXPENSES							
1.00	BUILDING RENTALS	194.01	0	19,900	0	1.00	
2.00	BUILDING RENTALS	194.01	0	28,637	0	2.00	
0			0	48,537			
Q - RECLASS XRAY EDUCATION EXPENSES							
1.00	RESPIRATORY THERAPY	65.00	52	0	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	314,151	546	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,971	0	3.00	
4.00	BUILDING RENTALS	194.01	0	8,734	0	4.00	
5.00	MRI	58.00	232	0	0	5.00	
0			314,435	12,251			
R - RECLASS ADMIN HEALTHY COMMUNITIES							
1.00	HEALTHY COMMUNITIES	194.07	24,870	0	0	1.00	
0			24,870	0			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,480,965	0	1.00	
0			0	1,480,965			
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP							
1.00		0.00	0	0	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	235,044	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	10,739	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	46,932	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	46,819	0	5.00	
0			0	339,534			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	208,982	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	141,131	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	5,738	0	3.00	
4.00	NURSERY	43.00	0	1,895	0	4.00	
5.00	OPERATING ROOM	50.00	0	2,462,077	0	5.00	
6.00	OPERATING ROOM	50.00	0	6,239,366	0	6.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,262	0	8.00	
9.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	559,573	0	9.00	
10.00	ULTRA SOUND	54.02	0	2,139	0	10.00	
11.00	MAMMOGRAPHY	54.03	0	12,089	0	11.00	
13.00	CT SCAN	57.00	0	689,028	0	13.00	
14.00	MRI	58.00	0	144,779	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	1,567,018	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	2,155,924	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	49,536	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	22,450	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	302,784	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	371,027	0	20.00	
21.00	WOUND CENTER	90.03	0	63,941	0	21.00	
22.00	EMERGENCY	91.00	0	30,938	0	22.00	
23.00	AMBULANCE SERVICES	95.00	0	25,745	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	0	1,738	0	24.00	
0			0	15,088,160			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00		0.00	0	0	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	2,230	0	0	2.00	
3.00	MAMMOGRAPHY	54.03	9,426	0	0	3.00	
4.00	SOCIAL SERVICE	17.00	4,598	0	0	4.00	
5.00	ULTRA SOUND	54.02	6,646	0	0	5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	48,166	0	0	6.00	
7.00	OPERATION OF PLANT	7.00	7,876	0	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	2,835	0	0	8.00	
9.00	HOUSEKEEPING	9.00	7,745	0	0	9.00	
10.00	DIETARY	10.00	3,601	0	0	10.00	
11.00	CAFETERIA	11.00	7,885	0	0	11.00	
12.00	NURSING ADMINISTRATION	13.00	17,087	0	0	12.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
10/29/2019 2:12 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
13.00	PHARMACY	15.00	44,727	0	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	11,146	0	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	122,092	0	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	6,632	0	0		16.00
17.00	SUBPROVIDER - IRF	41.00	7,876	0	0		17.00
18.00	NURSERY	43.00	6,971	0	0		18.00
19.00	OPERATING ROOM	50.00	2,124	0	0		19.00
20.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	4,541	0	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	17,825	0	0		21.00
22.00	LABORATORY-PATHOLOGICAL	60.01	476	0	0		22.00
23.00	NEUROPSYCH	90.02	5,778	0	0		23.00
24.00	CT SCAN	57.00	5,193	0	0		24.00
25.00	MRI	58.00	3,129	0	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	14,741	0	0		26.00
27.00	LABORATORY	60.00	20,009	0	0		27.00
28.00	RESPIRATORY THERAPY	65.00	4,609	0	0		28.00
29.00	PHYSICAL THERAPY	66.00	38,651	0	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	6,576	0	0		30.00
32.00	ELECTROCARDIOLOGY	69.00	668	0	0		32.00
33.00	EMERGENCY	91.00	39,003	0	0		33.00
34.00	AMBULANCE SERVICES	95.00	5,215	0	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	1,046	0	0		35.00
36.00	CLINIC	90.00	440	0	0		36.00
			487,563	0			
W - RECLASS DEPT 9902 EMP BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	585,976	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	203,112	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,262,500	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	302,588	0		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	28,254	0		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	425,723	0		6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,651	0		7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	203,263	0	0		8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	37,844	0	0		9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	447	0	0		10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	26,528	0	0		11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,168	0	0		12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	22,266	0	0		13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	88,462	0	0		14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	45,192	0	0		15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	29,420	0	0		16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,531	0	0		17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	893	0	0		18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	893	0	0		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	111,670	0	0		20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,814	0	0		21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,827	0	0		22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,690	0	0		23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,125	0	0		24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	28,306	0	0		25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,010	0	0		26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,127	0	0		27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,048	0	0		28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,147	0	0		29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,350	0	0		30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,563	0	0		31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,892	0	0		32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	49,824	0	0		33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,233	0	0		34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	18,845	0	0		35.00
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,970	0	0		36.00
37.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,589	0	0		37.00
38.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,202	0	0		38.00
39.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,350	0	0		39.00
40.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,579	0	0		40.00
41.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,254	0	0		41.00
42.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	447	0	0		42.00
43.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,010	0	0		43.00
44.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,919	0	0		44.00
45.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	440	0	0		45.00
46.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	34,842	0	0		46.00
47.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	34,658	0	0		47.00
48.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,117	0	0		48.00
49.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	670	0	0		49.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
50.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,020	0	0	0		50.00
51.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,787	0	0	0		51.00
52.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	271	0	0	0		52.00
53.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,715	0	0	0		53.00
			921,218	3,828,804				
X - RECLASS OT SALARIES AND OTHER EXP								
1.00	PHYSICAL THERAPY	66.00	568,863	169,615	0	0		1.00
			568,863	169,615				
Y - RECL MI LLRACE FOR WELLNESS/OP/PT								
1.00	WELLNESS COMMUNITY	194.00	0	7,178	0	0		1.00
2.00	WELLNESS COMMUNITY	194.00	0	1,460	0	0		2.00
3.00	WELLNESS COMMUNITY	194.00	0	4,727	0	0		3.00
4.00	WELLNESS COMMUNITY	194.00	0	961	0	0		4.00
			0	14,326				
Z - RECLASS LAB BLOOD SUPERVISOR								
1.00	LABORATORY	60.00	46,053	0	0	0		1.00
			46,053	0				
500.00	Grand Total: Decreases		5,118,981	43,868,709				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,373,066	48,000	0	48,000	0	1.00
2.00	Land Improvements	21,508,963	26,780	0	26,780	1,460,275	2.00
3.00	Buildings and Fixtures	98,145,144	1,996,455	0	1,996,455	3,171,402	3.00
4.00	Building Improvements	108,196,083	1,228,534	0	1,228,534	3,796,109	4.00
5.00	Fixed Equipment	9,241,835	213,550	0	213,550	19,829	5.00
6.00	Movable Equipment	137,769,045	18,597,090	0	18,597,090	3,697,512	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	377,234,136	22,110,409	0	22,110,409	12,145,127	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	377,234,136	22,110,409	0	22,110,409	12,145,127	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,421,066	0				1.00
2.00	Land Improvements	20,075,468	0				2.00
3.00	Buildings and Fixtures	96,970,197	0				3.00
4.00	Building Improvements	105,628,508	0				4.00
5.00	Fixed Equipment	9,435,556	0				5.00
6.00	Movable Equipment	152,668,623	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	387,199,418	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	387,199,418	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	19,081,837	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,081,837	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	19,081,837				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	19,081,837				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part III
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	234,530,794	0	234,530,794	0.605711	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	152,668,624	0	152,668,624	0.394289	0	2.00
3.00	Total (sum of lines 1-2)	387,199,418	0	387,199,418	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,673,172	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,378,830	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,052,002	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	712,357	822,879	0	0	10,208,408	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	141,230	0	0	0	10,520,060	2.00
3.00	Total (sum of lines 1-2)	853,587	822,879	0	0	20,728,468	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-509,122	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-84,953	CAP REL COSTS-MVBLE EQUIP	2.00	11	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	-84,665	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-80,318	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-105,214	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-10,916	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)	B	-205	OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,960,595			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	-582,756			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-733,967	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-24,436	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	-100	HOUSEKEEPING	9.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		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	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		32.00
33.00 TELEPHONE SERVICES	B	-3,900		ADMINISTRATIVE & GENERAL	5.00		33.00
34.00 DEPR PAT PHONES NEW EQUIP	A	-23,263		CAP REL COSTS-MVBLE EQUIP	2.00		34.00
35.00 TV DEPR NEW EQUIP	A	-28,600		CAP REL COSTS-MVBLE EQUIP	2.00		35.00
36.00 CAFETERIA VISITORS	A	-371,710		CAFETERIA	11.00		36.00
37.00 MEALS TO GO	A	-87,757		DIETARY	10.00		37.00
37.01 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00		37.01
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00		38.00
39.00 INPATIENT PT	B	-455		PHYSICAL THERAPY	66.00		39.00
40.00 EAP REVENUE	B	-14,870		EMPLOYEE BENEFITS DEPARTMENT	4.00		40.00
41.00 BOND AMORTIZATION	A	82,092		CAP REL COSTS-BLDG & FIXT	1.00		41.00
42.00 LAND RENT MOB	B	-2,000		ADMINISTRATIVE & GENERAL	5.00		42.00
43.00 RENT FOXPOINTE LAND SWAP	B	-5,348		ADMINISTRATIVE & GENERAL	5.00		43.00
44.00 LABORATORY OTHER REVENUE	B	-9,758		LABORATORY	60.00		44.00
44.01 EMPLOY BENEFITS OTHER REVENUE	B	-23,609		EMPLOYEE BENEFITS DEPARTMENT	4.00		44.01
45.00 XRAY EDUCATION	B	-20,480		XRAY EDUCATION	23.01		45.00
45.01 MEDICAL STAFF INCOME	B	-4,400		ADMINISTRATIVE & GENERAL	5.00		45.01
45.02 RADIOLOGY OTHER REVENUE	B	-12,778		RADIOLOGY-DIAGNOSTIC	54.00		45.02
45.03 BREAST FILM COPIES	B	-648		MAMMOGRAPHY	54.03		45.03
45.04 MEDICAL RECORDS OTHER REVENUE	B	-2,700		MEDICAL RECORDS & LIBRARY	16.00		45.04
45.05 FACILITIES OTHER REVENUE	B	-79,474		OPERATION OF PLANT	7.00		45.05
45.06 SICK BAY	B	-135		ADULTS & PEDIATRICS	30.00		45.06
45.07 RADIATION ONCOLOGY OTHER REVENUE	B	-59,937		RADIOLOGY-THERAPEUTIC	55.00		45.07
45.08 ADMIN OTHER REVENUE	B	-5,034		ADMINISTRATIVE & GENERAL	5.00		45.08
45.09 COPY CENTER OTHER REVENUE	B	-5,129		ADMINISTRATIVE & GENERAL	5.00		45.09
45.10 INFO SERV OTHER REVENUE	B	-13,020		ADMINISTRATIVE & GENERAL	5.00		45.10
45.11 FOOD OTHER REVENUE	B	-48,191		DIETARY	10.00		45.11
45.12 SPEECH THERAPY OTHER REVENUE	B	-2,107		SPEECH PATHOLOGY	68.00		45.12
45.13 PROTECTIVE SERV OTHER REVENUE	B	-8,400		OPERATION OF PLANT	7.00		45.13
45.14 PHARMACY OTHER REVENUE	B	-54,795		PHARMACY	15.00		45.14
45.15 HUMAN RESOURCES OTHER REVENUE	B	-645		EMPLOYEE BENEFITS DEPARTMENT	4.00		45.15
45.16 LACTATION AND PREPARE OTHER REVENUE	B	-5,117		ADULTS & PEDIATRICS	30.00		45.16
45.17 VOLUNTEER OTHER REVENUE	B	-79,997		ADMINISTRATIVE & GENERAL	5.00		45.17
45.18 RENTAL PROPERTIES DEPRECIATION	A	-111,344		CAP REL COSTS-BLDG & FIXT	1.00		45.18
45.19 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00		45.19
45.20 EMERGENCY ROOM OTHER REV	B	-40,360		EMERGENCY	91.00		45.20
45.21 LOSS ON DISPOSAL DEMOLITION	A	11,218		CAP REL COSTS-BLDG & FIXT	1.00		45.21
45.22 UNALLOWABLE PHYS RECRUITMENT	A	-154,929		ADMINISTRATIVE & GENERAL	5.00		45.22
45.23 DEPRECIATION RELIEF	A	33,351		CAP REL COSTS-BLDG & FIXT	1.00		45.23
45.24 CRHP OTHER REVENUE	B	-980,828		ADMINISTRATIVE & GENERAL	5.00		45.24
45.25 DIABETES CLINIC	B	-600		DIABETES CENTER	90.01		45.25
45.27 PRIOR YEAR AUDIT ADJUSTMENT	A	6,711		CAP REL COSTS-BLDG & FIXT	1.00		45.27
45.28 NONALLOWABLE INT EXP 1993 BONDS	A	-73,201		CAP REL COSTS-MVBLE EQUIP	2.00		45.28
45.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-186,170		CAP REL COSTS-MVBLE EQUIP	2.00		45.29
45.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-12,834		ADMINISTRATIVE & GENERAL	5.00		45.30
45.31 AMBULANCE SERVICES	B	-407,751		AMBULANCE SERVICES	95.00		45.31
45.32 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00		45.32
45.33 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00		45.33
45.34 HAF ADJUSTMENT	A	-10,216,717		ADMINISTRATIVE & GENERAL	5.00		45.34
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,202,866					50.00

Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8 Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
10/29/2019 2:12 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	4,116,288	4,699,044 1.00
2.00	0.00			0	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,116,288	4,699,044 5.00

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

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

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

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

6.00	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	D TRAPP	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	S STARK	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	D DOUP	0.00	SI HEALTH MANAGMENT	0.00	10.01
10.02	E	D MICHAEL	0.00	SI HEALTH MANAGMENT	0.00	10.02
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
10/29/2019 2:12 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-582,756	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-582,756			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMPANY		7.00
8.00	MANAGEMENT COMPANY		8.00
9.00	MANAGEMENT COMPANY		9.00
10.00	MANAGEMENT COMPANY		10.00
10.01	MANAGEMENT COMPANY		10.01
10.02	MANAGEMENT COMPANY		10.02
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2

Date/Time Prepared:
10/29/2019 2:12 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	4,837,191	4,555,742	281,449	211,500	1,414	1.00
2.00	30.00 ADULTS & PEDIATRICS	1,396,552	1,093,676	302,876	211,500	3,203	2.00
3.00	31.00 INTENSIVE CARE UNIT	26,300	0	26,300	211,500	263	3.00
4.00	41.00 SUBPROVIDER - IRF	117,479	0	117,479	211,500	4,324	4.00
5.00	50.00 OPERATING ROOM	1,766,952	0	1,766,952	246,400	13,484	5.00
6.00	53.00 ANESTHESIOLOGY	45,000	0	45,000	246,400	312	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	67,800	0	67,800	271,900	271	7.00
8.00	55.00 RADIOLOGY-THERAPEUTIC	103,126	0	103,126	271,900	836	8.00
9.00	59.00 CARDIAC CATHETERIZATION	100,786	0	100,786	211,500	499	9.00
10.00	60.01 LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,200	1,722	10.00
11.00	65.00 RESPIRATORY THERAPY	12,000	0	12,000	211,500	80	11.00
12.00	66.00 PHYSICAL THERAPY	23,750	0	23,750	211,500	119	12.00
13.00	69.00 ELECTROCARDIOLOGY	106,372	0	106,372	211,500	688	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	9,575	0	9,575	211,500	96	14.00
15.00	90.02 NEUROPSYCH	186,771	186,771	0	211,500	0	15.00
16.00	90.03 WOUND CENTER	36,931	0	36,931	211,500	132	16.00
17.00	90.04 HYPERBARIC OXYGEN THERAPY	4,044	0	4,044	211,500	14	17.00
18.00	91.00 EMERGENCY	2,545,239	0	2,545,239	211,500	18,802	18.00
19.00	95.00 AMBULANCE SERVICES	13,125	0	13,125	211,500	106	19.00
20.00	76.97 CARDIAC REHABILITATION	6,623	0	6,623	211,500	33	20.00
200.00		11,630,616	5,836,189	5,794,427		46,398	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	143,779	7,189	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	325,690	16,285	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	26,742	1,337	0	0	0	3.00
4.00	41.00 SUBPROVIDER - IRF	439,676	21,984	0	0	0	4.00
5.00	50.00 OPERATING ROOM	1,597,335	79,867	0	0	0	5.00
6.00	53.00 ANESTHESIOLOGY	36,960	1,848	0	0	0	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	35,425	1,771	0	0	0	7.00
8.00	55.00 RADIOLOGY-THERAPEUTIC	109,283	5,464	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	50,740	2,537	0	0	0	9.00
10.00	60.01 LABORATORY-PATHOLOGICAL	215,416	10,771	0	0	0	10.00
11.00	65.00 RESPIRATORY THERAPY	8,135	407	0	0	0	11.00
12.00	66.00 PHYSICAL THERAPY	12,100	605	0	0	0	12.00
13.00	69.00 ELECTROCARDIOLOGY	69,958	3,498	0	0	0	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	9,762	488	0	0	0	14.00
15.00	90.02 NEUROPSYCH	0	0	0	0	0	15.00
16.00	90.03 WOUND CENTER	13,422	671	0	0	0	16.00
17.00	90.04 HYPERBARIC OXYGEN THERAPY	1,424	71	0	0	0	17.00
18.00	91.00 EMERGENCY	1,911,838	95,592	0	0	0	18.00
19.00	95.00 AMBULANCE SERVICES	10,778	539	0	0	0	19.00
20.00	76.97 CARDIAC REHABILITATION	3,355	168	0	0	0	20.00
200.00		5,021,818	251,092	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	5.00 ADMINISTRATIVE & GENERAL	0	143,779	137,670	4,693,412		1.00
2.00	30.00 ADULTS & PEDIATRICS	0	325,690	0	1,093,676		2.00
3.00	31.00 INTENSIVE CARE UNIT	0	26,742	0	0		3.00
4.00	41.00 SUBPROVIDER - IRF	0	439,676	0	0		4.00
5.00	50.00 OPERATING ROOM	0	1,597,335	169,617	169,617		5.00
6.00	53.00 ANESTHESIOLOGY	0	36,960	8,040	8,040		6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	35,425	32,375	32,375		7.00
8.00	55.00 RADIOLOGY-THERAPEUTIC	0	109,283	0	0		8.00
9.00	59.00 CARDIAC CATHETERIZATION	0	50,740	50,046	50,046		9.00
10.00	60.01 LABORATORY-PATHOLOGICAL	0	215,416	9,584	9,584		10.00
11.00	65.00 RESPIRATORY THERAPY	0	8,135	3,865	3,865		11.00
12.00	66.00 PHYSICAL THERAPY	0	12,100	11,650	11,650		12.00
13.00	69.00 ELECTROCARDIOLOGY	0	69,958	36,414	36,414		13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	0	9,762	0	0		14.00
15.00	90.02 NEUROPSYCH	0	0	0	186,771		15.00
16.00	90.03 WOUND CENTER	0	13,422	23,509	23,509		16.00
17.00	90.04 HYPERBARIC OXYGEN THERAPY	0	1,424	2,620	2,620		17.00
18.00	91.00 EMERGENCY	0	1,911,838	633,401	633,401		18.00
19.00	95.00 AMBULANCE SERVICES	0	10,778	2,347	2,347		19.00
20.00	76.97 CARDIAC REHABILITATION	0	3,355	3,268	3,268		20.00
200.00		0	5,021,818	1,124,406	6,960,595		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,208,408	10,208,408			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,520,060		10,520,060		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,463,227	178,400	6,122	28,647,749	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	31,766,431	962,248	4,434,752	4,941,318	5.00
7.00 00700	OPERATION OF PLANT	6,566,433	4,998,352	463,819	886,364	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	671,461	11,077	0	8,229	8.00
9.00 00900	HOUSEKEEPING	2,491,307	72,124	44,671	616,162	9.00
10.00 01000	DIETARY	814,634	109,982	15,890	236,296	10.00
11.00 01100	CAFETERIA	975,892	86,445	34,795	501,741	11.00
13.00 01300	NURSING ADMINISTRATION	4,217,888	136,275	67,052	1,285,915	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,098,187	106,444	99,386	0	14.00
15.00 01500	PHARMACY	5,426,518	66,222	267,447	1,261,529	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,387,467	56,306	38,609	328,408	16.00
17.00 01700	SOCIAL SERVICE	537,721	4,224	79	194,991	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	456,141	2,266	986	168,741	23.01
23.02 02302	PHARMACY RESIDENCY PROG	388,666	5,259	0	139,071	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,239,579	1,072,496	373,334	4,917,467	30.00
31.00 03100	INTENSIVE CARE UNIT	3,387,131	153,268	144,522	787,632	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	1,588,263	155,030	17,829	513,096	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	679,733	8,154	16,785	241,171	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,077,444	546,486	1,114,317	247,893	50.00
51.00 05100	RECOVERY ROOM	1,283,075	44,544	32,512	54	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	295,255	1,664	7,034	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,124,921	121,045	127,039	534,497	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,403,659	47,327	6,701	134,762	54.01
54.02 05404	ULTRA SOUND	782,877	21,034	72,067	167,795	54.02
54.03 05405	MAMMOGRAPHY	1,191,021	3,818	81,544	270,489	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,523,165	103,941	744,091	602,082	55.00
57.00 05700	CT SCAN	938,779	25,146	292,333	217,693	57.00
58.00 05800	MRI	427,246	12,587	7,059	103,484	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,271,055	149,142	43,238	579,250	59.00
60.00 06000	LABORATORY	7,853,895	145,576	131,757	1,447,509	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	782,505	16,950	12,695	117,309	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	646,289	7,328	4,323	16,852	62.00
65.00 06500	RESPIRATORY THERAPY	1,890,413	92,640	122,778	589,958	65.00
66.00 06600	PHYSICAL THERAPY	4,130,957	3,175	24,170	1,326,671	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,288,843	3,091	5,124	396,225	67.00
68.00 06800	SPEECH PATHOLOGY	879,988	0	23,335	278,609	68.00
69.00 06900	ELECTROCARDIOLOGY	659,685	19,552	35,178	205,734	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	942,022	0	12,079	232,851	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,729,620	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,395,290	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	17,460,581	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	568,428	0	63	123	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	386,221	22,111	13,815	79,165	76.97
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	1,130,201	99,675	44,962	319,516	90.00
90.01 09001	DIABETES CENTER	235,076	10,839	887	38,958	90.01
90.02 09002	NEUROPSYCH	132,880	1,650	321	44,846	90.02
90.03 09003	WOUND CENTER	1,437,741	0	1,731	147,502	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	199,573	0	110	22,852	90.04
90.05 09005	VIHCARE CLINIC	572,614	59,509	5,598	180,152	90.05
90.06 09006	MEDICATION MGMT CLINIC	253,722	951	0	91,625	90.06
91.00 09100	EMERGENCY	8,302,038	254,677	384,526	1,969,760	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,086,870	112,332	336,020	1,134,647	4,669,869	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	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						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	229,169,096	10,111,362	9,713,485	28,526,994	228,144,720	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,167	358	0	10,525	190.00
194.00	07950	WELLNESS COMMUNITY	270,435	0	8,766	62,685	341,886	194.00
194.01	07951	BUILDING RENTALS	127,961	0	0	0	127,961	194.01
194.02	07952	HOSPICE	97,336	0	0	0	97,336	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	302,784	0	0	0	302,784	194.04
194.05	07955	NONALLOWABLE MARKETING	1,620,965	0	0	0	1,620,965	194.05
194.06	07956	CRH FOUNDATION	13,254	11,398	719	4,850	30,221	194.06
194.07	07957	HEALTHY COMMUNITIES	179,057	16,713	0	53,220	248,990	194.07
194.08	07958	CRHP	19,900	51,705	795,358	0	866,963	194.08
194.09	07959	NEUROPSYCH PART B	0	7,063	1,374	0	8,437	194.09
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	231,800,788	10,208,408	10,520,060	28,647,749	231,800,788	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,104,749				5.00
7.00	00700	OPERATION OF PLANT	2,866,593	15,781,561			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	153,322	42,956	887,045		8.00
9.00	00900	HOUSEKEEPING	715,654	279,702	0	4,219,620	9.00
10.00	01000	DIETARY	261,202	426,523	0	29,803	1,894,330
11.00	01100	CAFETERIA	354,884	335,241	0	65,401	0
13.00	01300	NURSING ADMINISTRATION	1,266,749	528,489	0	11,590	0
14.00	01400	CENTRAL SERVICES & SUPPLY	289,438	412,801	0	40,565	0
15.00	01500	PHARMACY	1,558,533	256,814	0	33,942	0
16.00	01600	MEDICAL RECORDS & LIBRARY	401,921	218,360	0	0	0
17.00	01700	SOCIAL SERVICE	163,587	16,380	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	139,420	8,786	0	0	0
23.02	02302	PHARMACY RESIDENCY PROG	118,303	20,393	0	2,484	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,794,953	4,159,249	387,308	1,367,631	1,452,076
31.00	03100	INTENSIVE CARE UNIT	992,723	594,388	47,132	129,975	182,635
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	504,783	601,221	46,334	144,876	199,803
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	209,938	31,620	13,772	828	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,101,989	2,119,326	138,974	713,618	3,952
51.00	05100	RECOVERY ROOM	301,905	172,746	32,114	49,672	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	67,465	6,454	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	645,346	469,425	72,629	145,704	1,039
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	353,458	183,539	0	62,090	0
54.02	05404	ULTRA SOUND	231,675	81,573	0	29,803	0
54.03	05405	MAMMOGRAPHY	343,342	14,807	7,383	39,737	0
55.00	05500	RADIOLOGY-THERAPEUTIC	881,905	403,092	11,065	81,958	8,393
57.00	05700	CT SCAN	327,157	97,519	0	16,557	0
58.00	05800	MRI	122,161	48,814	0	9,934	0
59.00	05900	CARDIAC CATHETERIZATION	675,351	578,387	1,918	110,934	4,453
60.00	06000	LABORATORY	2,126,087	564,557	0	60,434	0
60.01	06001	LABORATORY-PATHOLOGICAL	206,302	65,736	0	3,311	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	149,776	28,420	0	2,484	0
65.00	06500	RESPIRATORY THERAPY	598,355	359,268	0	119,212	0
66.00	06600	PHYSICAL THERAPY	1,217,439	12,312	13,181	0	0
67.00	06700	OCCUPATIONAL THERAPY	375,839	11,986	9,666	0	0
68.00	06800	SPEECH PATHOLOGY	262,340	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	204,235	75,824	0	24,836	0
70.00	07000	ELECTROENCEPHALOGRAPHY	263,455	0	1,275	152,327	2,113
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,493,700	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,863,410	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,875,533	0	0	0	0
74.00	07400	RENAL DIALYSIS	126,209	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	111,271	85,749	0	2,484	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	353,881	386,550	37,984	81,131	28,786
90.01	09001	DIABETES CENTER	63,427	42,034	0	1,656	0
90.02	09002	NEUROPSYCH	39,885	6,400	0	0	0
90.03	09003	WOUND CENTER	352,243	0	3,010	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	49,394	0	192	0	0
90.05	09005	VIMCARE CLINIC	181,534	230,780	3,035	163,917	0
90.06	09006	MEDICATION MGMT CLINIC	76,864	3,688	0	10,762	0
91.00	09100	EMERGENCY	2,421,795	987,663	0	464,431	11,080
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,036,519	435,635	60,073	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

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Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,293,250	15,405,207	887,045	4,174,087	1,894,330 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,336	39,431	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	75,885	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	28,402	0	0	0	0 194.01
194.02	07952	HOSPICE	21,605	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	67,206	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	359,788	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	6,708	44,203	0	43,877	0 194.06
194.07	07957	HEALTHY COMMUNITIES	55,266	64,814	0	1,656	0 194.07
194.08	07958	CRHP	192,430	200,516	0	0	0 194.08
194.09	07959	NEUROPSYCH PART B	1,873	27,390	0	0	0 194.09
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)	42,104,749	15,781,561	887,045	4,219,620	1,894,330 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

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Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,354,399					11.00
13.00	01300	84,472	7,598,430				13.00
14.00	01400	25,992	0	2,072,813			14.00
15.00	01500	80,141	519,153	0	9,470,299		15.00
16.00	01600	67,145	0	0	0	2,498,216	16.00
17.00	01700	17,328	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	15,162	0	0	0	0	23.01
23.02	02302	8,664	57,570	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	534,989	3,492,630	93,226	7,552	574,245	30.00
31.00	03100	71,477	468,768	3,884	4,435	55,293	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	49,817	323,077	0	184	73,975	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	19,494	130,827	2,266	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	253,417	0	1,856,419	35,516	747,773	50.00
51.00	05100	28,157	0	0	215	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,166	0	0	57,722	0	53.00
54.00	05400	45,485	0	2,266	2,904	0	54.00
54.01	05402	10,830	0	0	148,336	0	54.01
54.02	05404	12,996	0	0	260	0	54.02
54.03	05405	25,992	0	2,266	372	0	54.03
55.00	05500	36,821	0	0	0	69,712	55.00
57.00	05700	19,494	0	0	9,518	0	57.00
58.00	05800	8,664	0	0	454	0	58.00
59.00	05900	43,319	0	17,965	5,588	225,184	59.00
60.00	06000	177,609	0	0	280	0	60.00
60.01	06001	10,830	0	0	16	230,826	60.01
62.00	06200	2,166	0	0	0	0	62.00
65.00	06500	56,315	368,059	4,208	6,620	43,758	65.00
66.00	06600	110,464	0	31,561	1,525	13,290	66.00
67.00	06700	28,157	0	0	128	2,758	67.00
68.00	06800	21,660	0	0	0	0	68.00
69.00	06900	17,328	0	0	3,415	0	69.00
70.00	07000	19,494	0	0	2	111,213	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	9,138,638	0	73.00
74.00	07400	0	82	0	6,070	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	6,498	0	0	89	0	76.97
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	32,489	0	7,445	77	350,189	90.00
90.01	09001	4,332	0	0	0	0	90.01
90.02	09002	2,166	0	0	0	0	90.02
90.03	09003	15,162	0	45,480	16,721	0	90.03
90.04	09004	2,166	0	0	0	0	90.04
90.05	09005	19,494	134,076	0	8,256	0	90.05
90.06	09006	4,332	34,657	0	403	0	90.06
91.00	09100	194,936	1,095,387	5,827	6,905	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	151,617	974,144	0	7,553	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

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Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,339,237	7,598,430	2,072,813	9,469,754	2,498,216
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	8,664	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	545	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	4,332	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	2,166	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	2,354,399	7,598,430	2,072,813	9,470,299	2,498,216

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	934,310					17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	XRAY EDUCATION	0		791,502			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			740,410		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	270,951	0	0	0	38,737,686	30.00
31.00	03100	INTENSIVE CARE UNIT	66,336	0	0	0	7,089,599	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	148,555	0	0	0	4,366,843	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	1,354,588	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	33,957,124	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,944,994	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	437,760	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	791,502	0	5,083,802	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	2,350,702	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	1,400,080	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	1,980,771	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55,124	0	0	0	5,521,349	55.00
57.00	05700	CT SCAN	0	0	0	0	1,944,196	57.00
58.00	05800	MRI	0	0	0	0	740,403	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,705,784	59.00
60.00	06000	LABORATORY	0	0	0	0	12,507,704	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	1,446,480	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	857,638	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,251,584	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,884,745	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,121,817	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,465,932	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,245,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,736,831	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,223,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,258,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	740,410	31,215,162	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	700,975	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	55,124	0	0	0	762,527	76.97
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	109,314	0	0	0	2,982,200	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	397,209	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	228,148	90.02
90.03	09003	WOUND CENTER	0	0	0	0	2,019,590	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	274,287	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	1,558,965	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	477,004	90.06
91.00	09100	EMERGENCY	228,906	0	0	0	16,327,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,335,410	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

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Cost Center Description		SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	934,310	0	791,502	740,410	226,895,627 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	52,292	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	426,435	194.00
194.01	07951	BUILDING RENTALS	0	0	0	156,363	194.01
194.02	07952	HOSPICE	0	0	0	119,486	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	369,990	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,980,753	194.05
194.06	07956	CRH FOUNDATION	0	0	0	125,009	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	375,058	194.07
194.08	07958	CRHP	0	0	0	1,259,909	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	39,866	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	934,310	0	791,502	740,410	231,800,788 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRA SOUND	0	54.02
54.03	05405	MAMMOGRAPHY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	0	90.02
90.03	09003	WOUND CENTER	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0	90.04
90.05	09005	VIMCARE CLINIC	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	226,895,627	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,292	190.00
194.00	07950	WELLNESS COMMUNITY	0	426,435	194.00
194.01	07951	BUILDING RENTALS	0	156,363	194.01
194.02	07952	HOSPICE	0	119,486	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	369,990	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,980,753	194.05
194.06	07956	CRH FOUNDATION	0	125,009	194.06
194.07	07957	HEALTHY COMMUNITIES	0	375,058	194.07
194.08	07958	CRHP	0	1,259,909	194.08
194.09	07959	NEUROPSYCH PART B	0	39,866	194.09
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	231,800,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,890	178,400	6,122	201,412	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,060,816	962,248	4,434,752	6,457,816	5.00
7.00 00700	OPERATION OF PLANT	62,355	4,998,352	463,819	5,524,526	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	11,077	0	11,077	8.00
9.00 00900	HOUSEKEEPING	5,232	72,124	44,671	122,027	9.00
10.00 01000	DIETARY	1,894	109,982	15,890	127,766	10.00
11.00 01100	CAFETERIA	4,148	86,445	34,795	125,388	11.00
13.00 01300	NURSING ADMINISTRATION	12,004	136,275	67,052	215,331	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	427	106,444	99,386	206,257	14.00
15.00 01500	PHARMACY	13,401	66,222	267,447	347,070	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,140	56,306	38,609	96,055	16.00
17.00 01700	SOCIAL SERVICE	595	4,224	79	4,898	17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	8,735	2,266	986	11,987	23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	5,259	0	5,259	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	251,057	1,072,496	373,334	1,696,887	30.00
31.00 03100	INTENSIVE CARE UNIT	14,317	153,268	144,522	312,107	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	46,466	155,030	17,829	219,325	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	264	8,154	16,785	25,203	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	527,941	546,486	1,114,317	2,188,744	50.00
51.00 05100	RECOVERY ROOM	1,185	44,544	32,512	78,241	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	1,664	7,034	8,698	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,262	121,045	127,039	249,346	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	26,175	47,327	6,701	80,203	54.01
54.02 05404	ULTRASOUND	214	21,034	72,067	93,315	54.02
54.03 05405	MAMMOGRAPHY	152,586	3,818	81,544	237,948	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	21,845	103,941	744,091	869,877	55.00
57.00 05700	CT SCAN	94	25,146	292,333	317,573	57.00
58.00 05800	MRI	47	12,587	7,059	19,693	58.00
59.00 05900	CARDIAC CATHETERIZATION	20,574	149,142	43,238	212,954	59.00
60.00 06000	LABORATORY	29,196	145,576	131,757	306,529	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,491	16,950	12,695	31,136	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	271	7,328	4,323	11,922	62.00
65.00 06500	RESPIRATORY THERAPY	50,383	92,640	122,778	265,801	65.00
66.00 06600	PHYSICAL THERAPY	374,738	3,175	24,170	402,083	66.00
67.00 06700	OCCUPATIONAL THERAPY	9,471	3,091	5,124	17,686	67.00
68.00 06800	SPEECH PATHOLOGY	19,629	0	23,335	42,964	68.00
69.00 06900	ELECTROCARDIOLOGY	5,189	19,552	35,178	59,919	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	145,648	0	12,079	157,727	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	63	63	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,827	22,111	13,815	37,753	76.97
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	37	99,675	44,962	144,674	90.00
90.01 09001	DIABETES CENTER	212	10,839	887	11,938	90.01
90.02 09002	NEUROPSYCH	55	1,650	321	2,026	90.02
90.03 09003	WOUND CENTER	1,823	0	1,731	3,554	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	84,035	0	110	84,145	90.04
90.05 09005	VIMCARE CLINIC	2,639	59,509	5,598	67,746	90.05
90.06 09006	MEDICATION MGMT CLINIC	0	951	0	951	90.06
91.00 09100	EMERGENCY	9,656	254,677	384,526	648,859	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	32,848	112,332	336,020	481,200	7,978	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,020,812	10,111,362	9,713,485	22,845,659	200,563	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,167	358	10,525	0	190.00
194.00 07950	WELLNESS COMMUNITY	56,776	0	8,766	65,542	441	194.00
194.01 07951	BUILDING RENTALS	44,320	0	0	44,320	0	194.01
194.02 07952	HOSPICE	0	0	0	0	0	194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 07956	CRH FOUNDATION	0	11,398	719	12,117	34	194.06
194.07 07957	HEALTHY COMMUNITIES	0	16,713	0	16,713	374	194.07
194.08 07958	CRHP	0	51,705	795,358	847,063	0	194.08
194.09 07959	NEUROPSYCH PART B	0	7,063	1,374	8,437	0	194.09
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,121,908	10,208,408	10,520,060	23,850,376	201,412	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 10/29/2019 2:12 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,492,540				5.00
7.00	00700	OPERATION OF PLANT	442,028	5,972,786			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,642	16,257	51,034		8.00
9.00	00900	HOUSEKEEPING	110,354	105,858	0	342,571	9.00
10.00	01000	DIETARY	40,277	161,424	0	2,420	333,548
11.00	01100	CAFETERIA	54,723	126,877	0	5,310	0
13.00	01300	NURSING ADMINISTRATION	195,332	200,015	0	941	0
14.00	01400	CENTRAL SERVICES & SUPPLY	44,631	156,231	0	3,293	0
15.00	01500	PHARMACY	240,325	97,195	0	2,756	0
16.00	01600	MEDICAL RECORDS & LIBRARY	61,976	82,642	0	0	0
17.00	01700	SOCIAL SERVICE	25,225	6,199	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	21,499	3,325	0	0	0
23.02	02302	PHARMACY RESIDENCY PROG	18,242	7,718	0	202	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	739,380	1,574,136	22,282	111,029	255,677
31.00	03100	INTENSIVE CARE UNIT	153,078	224,956	2,712	10,552	32,158
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	77,837	227,542	2,666	11,762	35,181
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	32,372	11,967	792	67	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	786,731	802,093	7,996	57,935	696
51.00	05100	RECOVERY ROOM	46,554	65,379	1,848	4,033	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	10,403	2,443	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,512	177,661	4,179	11,829	183
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	54,503	69,463	0	5,041	0
54.02	05404	ULTRA SOUND	35,724	30,873	0	2,420	0
54.03	05405	MAMMOGRAPHY	52,943	5,604	425	3,226	0
55.00	05500	RADIOLOGY-THERAPEUTIC	135,989	152,557	637	6,654	1,478
57.00	05700	CT SCAN	50,447	36,908	0	1,344	0
58.00	05800	MRI	18,837	18,474	0	807	0
59.00	05900	CARDIAC CATHETERIZATION	104,139	218,900	110	9,006	784
60.00	06000	LABORATORY	327,842	213,666	0	4,906	0
60.01	06001	LABORATORY-PATHOLOGICAL	31,812	24,879	0	269	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	23,095	10,756	0	202	0
65.00	06500	RESPIRATORY THERAPY	92,266	135,971	0	9,678	0
66.00	06600	PHYSICAL THERAPY	187,729	4,660	758	0	0
67.00	06700	OCCUPATIONAL THERAPY	57,954	4,536	556	0	0
68.00	06800	SPEECH PATHOLOGY	40,453	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	31,493	28,697	0	2,016	0
70.00	07000	ELECTROENCEPHALOGRAPHY	40,625	0	73	12,367	372
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	230,328	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,337	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	597,606	0	0	0	0
74.00	07400	RENAL DIALYSIS	19,461	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	17,158	32,453	0	202	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	54,568	146,296	2,185	6,587	5,068
90.01	09001	DIABETES CENTER	9,780	15,908	0	134	0
90.02	09002	NEUROPSYCH	6,150	2,422	0	0	0
90.03	09003	WOUND CENTER	54,316	0	173	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	7,616	0	11	0	0
90.05	09005	VIMCARE CLINIC	27,993	87,342	175	13,308	0
90.06	09006	MEDICATION MGMT CLINIC	11,852	1,396	0	874	0
91.00	09100	EMERGENCY	373,440	373,797	0	37,705	1,951
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	159,831	164,873	3,456	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,367,408	5,830,349	51,034	338,875	333,548	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	360	14,923	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	11,701	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	4,380	0	0	0	0	194.01
194.02	07952	HOSPICE	3,331	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	10,363	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	55,479	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	1,034	16,730	0	3,562	0	194.06
194.07	07957	HEALTHY COMMUNITIES	8,522	24,530	0	134	0	194.07
194.08	07958	CRHP	29,673	75,888	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	289	10,366	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,492,540	5,972,786	51,034	342,571	333,548	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 10/29/2019 2:12 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	315,826					11.00
13.00	01300	NURSING ADMINISTRATION	11,331	631,992				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,487	0	413,899			14.00
15.00	01500	PHARMACY	10,750	43,180	0	750,146		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,007	0	0	0	251,989	16.00
17.00	01700	SOCIAL SERVICE	2,324	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	2,034	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,162	4,788	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,765	290,495	18,615	598	57,923	30.00
31.00	03100	INTENSIVE CARE UNIT	9,588	38,989	776	351	5,577	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	6,683	26,872	0	15	7,462	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,615	10,881	452	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,994	0	370,692	2,813	75,424	50.00
51.00	05100	RECOVERY ROOM	3,777	0	0	17	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	291	0	0	4,572	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,102	0	452	230	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,453	0	0	11,750	0	54.01
54.02	05404	ULTRA SOUND	1,743	0	0	21	0	54.02
54.03	05405	MAMMOGRAPHY	3,487	0	452	29	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,939	0	0	0	7,032	55.00
57.00	05700	CT SCAN	2,615	0	0	754	0	57.00
58.00	05800	MRI	1,162	0	0	36	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,811	0	3,587	443	22,714	59.00
60.00	06000	LABORATORY	23,825	0	0	22	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,453	0	0	1	23,283	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	291	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	7,554	30,613	840	524	4,414	65.00
66.00	06600	PHYSICAL THERAPY	14,818	0	6,302	121	1,341	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,777	0	0	10	278	67.00
68.00	06800	SPEECH PATHOLOGY	2,905	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,324	0	0	270	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,615	0	0	0	11,218	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	723,876	0	73.00
74.00	07400	RENAL DIALYSIS	0	7	0	481	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	872	0	0	7	0	76.97
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	4,358	0	1,487	6	35,323	90.00
90.01	09001	DIABETES CENTER	581	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	291	0	0	0	0	90.02
90.03	09003	WOUND CENTER	2,034	0	9,081	1,325	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	291	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	2,615	11,152	0	654	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	581	2,883	0	32	0	90.06
91.00	09100	EMERGENCY	26,149	91,108	1,163	547	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,338	81,024	0	598	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	313,792	631,992	413,899	750,103	251,989 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,162	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	43	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	581	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	291	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					0 201.00
202.00		TOTAL (sum lines 118 through 201)	315,826	631,992	413,899	750,146	251,989 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	40,017				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0	40,031			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0		38,349		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,605			4,884,969	30.00
31.00	03100	INTENSIVE CARE UNIT	2,841			799,223	31.00
32.00	03200	CORONARY CARE UNIT	0			0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0	34.00
40.00	04000	SUBPROVIDER - I/PF	0			0	40.00
41.00	04100	SUBPROVIDER - I/RF	6,363			625,316	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			86,045	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			4,328,861	50.00
51.00	05100	RECOVERY ROOM	0			199,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0			26,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			553,252	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			223,361	54.01
54.02	05404	ULTRASOUND	0			165,276	54.02
54.03	05405	MAMMOGRAPHY	0			306,016	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,361			1,185,757	55.00
57.00	05700	CT SCAN	0			411,172	57.00
58.00	05800	MRI	0			59,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			582,521	59.00
60.00	06000	LABORATORY	0			886,968	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0			113,658	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			46,384	62.00
65.00	06500	RESPIRATORY THERAPY	0			551,809	65.00
66.00	06600	PHYSICAL THERAPY	0			627,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			87,583	67.00
68.00	06800	SPEECH PATHOLOGY	0			88,281	68.00
69.00	06900	ELECTROCARDIOLOGY	0			126,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			226,634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			230,328	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			287,337	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			1,321,482	73.00
74.00	07400	RENAL DIALYSIS	0			20,013	74.00
76.00	03020	ACUPUNCTURE	0			0	76.00
76.97	07697	CARDIAC REHABILITATION	2,361			91,363	76.97
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	4,682			407,481	90.00
90.01	09001	DIABETES CENTER	0			38,615	90.01
90.02	09002	NEUROPSYCH	0			11,204	90.02
90.03	09003	WOUND CENTER	0			71,520	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0			92,224	90.04
90.05	09005	VIMCARE CLINIC	0			212,252	90.05
90.06	09006	MEDICATION MGMT CLINIC	0			19,213	90.06
91.00	09100	EMERGENCY	9,804			1,578,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			919,298	95.00
99.10	09910	CORF	0			0	99.10
101.00	10100	HOME HEALTH AGENCY	0			0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,017	0	0	22,493,088	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			25,808	190.00
194.00	07950	WELLNESS COMMUNITY	0			78,846	194.00
194.01	07951	BUILDING RENTALS	0			48,700	194.01
194.02	07952	HOSPICE	0			3,374	194.02
194.03	07953	OUTREACH CLINICS	0			0	194.03
194.04	07954	SPEECH - HEARING AIDS	0			10,363	194.04
194.05	07955	NONALLOWABLE MARKETING	0			55,479	194.05
194.06	07956	CRH FOUNDATION	0			33,477	194.06
194.07	07957	HEALTHY COMMUNITIES	0			50,854	194.07
194.08	07958	CRHP	0			952,624	194.08
194.09	07959	NEUROPSYCH PART B	0			19,383	194.09
200.00		Cross Foot Adjustments		0	40,031	38,349	78,380
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	40,017	0	40,031	38,349	23,850,376

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,884,969	31.00
32.00	03200	CORONARY CARE UNIT	799,223	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	625,316	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	86,045	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,328,861	50.00
51.00	05100	RECOVERY ROOM	199,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	26,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	553,252	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	223,361	54.01
54.02	05404	ULTRA SOUND	165,276	54.02
54.03	05405	MAMMOGRAPHY	306,016	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,185,757	55.00
57.00	05700	CT SCAN	411,172	57.00
58.00	05800	MRI	59,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	582,521	59.00
60.00	06000	LABORATORY	886,968	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	113,658	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,384	62.00
65.00	06500	RESPIRATORY THERAPY	551,809	65.00
66.00	06600	PHYSICAL THERAPY	627,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,583	67.00
68.00	06800	SPEECH PATHOLOGY	88,281	68.00
69.00	06900	ELECTROCARDIOLOGY	126,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	226,634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	230,328	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,337	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,321,482	73.00
74.00	07400	RENAL DIALYSIS	20,013	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	91,363	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	407,481	90.00
90.01	09001	DIABETES CENTER	38,615	90.01
90.02	09002	NEUROPSYCH	11,204	90.02
90.03	09003	WOUND CENTER	71,520	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	92,224	90.04
90.05	09005	VIMCARE CLINIC	212,252	90.05
90.06	09006	MEDICATION MGMT CLINIC	19,213	90.06
91.00	09100	EMERGENCY	1,578,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	919,298	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	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			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	22,493,088	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,808	190.00
194.00	07950	WELLNESS COMMUNITY	0	78,846	194.00
194.01	07951	BUILDING RENTALS	0	48,700	194.01
194.02	07952	HOSPICE	0	3,374	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	10,363	194.04
194.05	07955	NONALLOWABLE MARKETING	0	55,479	194.05
194.06	07956	CRH FOUNDATION	0	33,477	194.06
194.07	07957	HEALTHY COMMUNITIES	0	50,854	194.07
194.08	07958	CRHP	0	952,624	194.08
194.09	07959	NEUROPSYCH PART B	0	19,383	194.09
200.00		Cross Foot Adjustments	0	78,380	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	23,850,376	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	729,925				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,430,694			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,756	6,070	78,287,792		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	68,803	4,397,084	13,503,555	-42,104,749	5.00
7.00 00700	OPERATION OF PLANT	357,394	459,879	2,422,229	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	792	0	22,487	0	8.00
9.00 00900	HOUSEKEEPING	5,157	44,292	1,683,830	0	9.00
10.00 01000	DIETARY	7,864	15,755	645,742	0	10.00
11.00 01100	CAFETERIA	6,181	34,499	1,371,144	0	11.00
13.00 01300	NURSING ADMINISTRATION	9,744	66,482	3,514,112	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,611	98,542	0	0	14.00
15.00 01500	PHARMACY	4,735	265,175	3,447,469	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,026	38,281	897,464	0	16.00
17.00 01700	SOCIAL SERVICE	302	78	532,866	0	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	162	978	461,131	0	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	0	380,050	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,686	370,162	13,438,308	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,959	143,294	2,152,418	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RP	11,085	17,678	1,402,173	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	583	16,642	659,065	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	39,075	1,104,851	677,436	0	50.00
51.00 05100	RECOVERY ROOM	3,185	32,236	148	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	119	6,974	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,655	125,960	1,460,659	0	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	6,644	368,274	0	54.01
54.02 05404	ULTRA SOUND	1,504	71,455	458,545	0	54.02
54.03 05405	MAMMOGRAPHY	273	80,851	739,184	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,432	737,770	1,645,352	0	55.00
57.00 05700	CT SCAN	1,798	289,850	594,905	0	57.00
58.00 05800	MRI	900	6,999	282,799	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,664	42,871	1,582,956	0	59.00
60.00 06000	LABORATORY	10,409	130,638	3,955,709	0	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	12,587	320,578	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	524	4,286	46,053	0	62.00
65.00 06500	RESPIRATORY THERAPY	6,624	121,735	1,612,219	0	65.00
66.00 06600	PHYSICAL THERAPY	227	23,965	3,625,487	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	5,080	1,082,793	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	23,137	761,375	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	34,879	562,224	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	11,976	636,328	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	62	337	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,581	13,698	216,339	0	76.97
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	7,127	44,580	873,164	0	90.00
90.01 09001	DIABETES CENTER	775	879	106,464	0	90.01
90.02 09002	NEUROPSYCH	118	318	122,553	0	90.02
90.03 09003	WOUND CENTER	0	1,716	403,089	0	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	109	62,449	0	90.04
90.05 09005	VIMCARE CLINIC	4,255	5,550	492,315	0	90.05
90.06 09006	MEDICATION MGMT CLINIC	68	0	250,389	0	90.06
91.00 09100	EMERGENCY	18,210	381,259	5,382,901	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	8,032	333,165	3,100,729	0	4,669,869 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	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					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	722,986	9,630,971	77,957,796	-42,104,749	186,039,971 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	355	0	0	10,525 190.00
194.00 07950	WELLNESS COMMUNITY	0	8,692	171,303	0	341,886 194.00
194.01 07951	BUILDING RENTALS	0	0	0	0	127,961 194.01
194.02 07952	HOSPICE	0	0	0	0	97,336 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	302,784 194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	1,620,965 194.05
194.06 07956	CRH FOUNDATION	815	713	13,254	0	30,221 194.06
194.07 07957	HEALTHY COMMUNITIES	1,195	0	145,439	0	248,990 194.07
194.08 07958	CRHP	3,697	788,601	0	0	866,963 194.08
194.09 07959	NEUROPSYCH PART B	505	1,362	0	0	8,437 194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,208,408	10,520,060	28,647,749		42,104,749 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.985557	1.008568	0.365929		0.221959 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			201,412		6,492,540 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002573		0.034226 205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	290,972				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	792	1,137,944			8.00
9.00	00900	HOUSEKEEPING	5,157	0	5,097		9.00
10.00	01000	DIETARY	7,864	0	36	158,664	10.00
11.00	01100	CAFETERIA	6,181	0	79	0	1,087
13.00	01300	NURSING ADMINISTRATION	9,744	0	14	0	39
14.00	01400	CENTRAL SERVICES & SUPPLY	7,611	0	49	0	12
15.00	01500	PHARMACY	4,735	0	41	0	37
16.00	01600	MEDICAL RECORDS & LIBRARY	4,026	0	0	0	31
17.00	01700	SOCIAL SERVICE	302	0	0	0	8
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	162	0	0	0	7
23.02	02302	PHARMACY RESIDENCY PROG	376	0	3	0	4
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,686	496,859	1,652	121,622	247
31.00	03100	INTENSIVE CARE UNIT	10,959	60,463	157	15,297	33
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	11,085	59,439	175	16,735	23
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	583	17,667	1	0	9
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,075	178,282	862	331	117
51.00	05100	RECOVERY ROOM	3,185	41,197	60	0	13
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	119	0	0	0	1
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,655	93,172	176	87	21
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	0	75	0	5
54.02	05404	ULTRA SOUND	1,504	0	36	0	6
54.03	05405	MAMMOGRAPHY	273	9,471	48	0	12
55.00	05500	RADIOLOGY-THERAPEUTIC	7,432	14,195	99	703	17
57.00	05700	CT SCAN	1,798	0	20	0	9
58.00	05800	MRI	900	0	12	0	4
59.00	05900	CARDIAC CATHETERIZATION	10,664	2,460	134	373	20
60.00	06000	LABORATORY	10,409	0	73	0	82
60.01	06001	LABORATORY-PATHOLOGICAL	1,212	0	4	0	5
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	524	0	3	0	1
65.00	06500	RESPIRATORY THERAPY	6,624	0	144	0	26
66.00	06600	PHYSICAL THERAPY	227	16,909	0	0	51
67.00	06700	OCCUPATIONAL THERAPY	221	12,400	0	0	13
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	10
69.00	06900	ELECTROCARDIOLOGY	1,398	0	30	0	8
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,635	184	177	9
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,581	0	3	0	3
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,127	48,728	98	2,411	15
90.01	09001	DIABETES CENTER	775	0	2	0	2
90.02	09002	NEUROPSYCH	118	0	0	0	1
90.03	09003	WOUND CENTER	0	3,862	0	0	7
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	246	0	0	1
90.05	09005	VIMCARE CLINIC	4,255	3,894	198	0	9
90.06	09006	MEDICATION MGMT CLINIC	68	0	13	0	2
91.00	09100	EMERGENCY	18,210	0	561	928	90
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,032	77,065	0	0	70
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	284,033	1,137,944	5,042	158,664	1,080
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	4
194.01	07951	BUILDING RENTALS	0	0	0	0	0
194.02	07952	HOSPICE	0	0	0	0	0
194.03	07953	OUTREACH CLINICS	0	0	0	0	0
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0
194.06	07956	CRH FOUNDATION	815	0	53	0	0
194.07	07957	HEALTHY COMMUNITIES	1,195	0	2	0	2
194.08	07958	CRHP	3,697	0	0	0	0
194.09	07959	NEUROPSYCH PART B	505	0	0	0	1
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)	15,781,561	887,045	4,219,620	1,894,330	2,354,399
203.00		Unit cost multiplier (Wkst. B, Part I)	54.237387	0.779516	827.863449	11.939255	2,165.960442
204.00		Cost to be allocated (per Wkst. B, Part II)	5,972,786	51,034	342,571	333,548	315,826
205.00		Unit cost multiplier (Wkst. B, Part II)	20.527013	0.044848	67.210320	2.102229	290.548298
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
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	1,117,927					13.00
14.00	01400	0	12,807				14.00
15.00	01500	76,381	0	18,811,151			15.00
16.00	01600	0	0	0	19,925		16.00
17.00	01700	0	0	0	0	1,000	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	8,470	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	513,857	576	15,001	4,580	290	30.00
31.00	03100	68,968	24	8,809	441	71	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	47,533	0	365	590	159	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	19,248	14	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,470	70,546	5,964	0	50.00
51.00	05100	0	0	427	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	114,654	0	0	53.00
54.00	05400	0	14	5,768	0	0	54.00
54.01	05402	0	0	294,644	0	0	54.01
54.02	05404	0	0	516	0	0	54.02
54.03	05405	0	14	739	0	0	54.03
55.00	05500	0	0	0	556	59	55.00
57.00	05700	0	0	18,906	0	0	57.00
58.00	05800	0	0	902	0	0	58.00
59.00	05900	0	111	11,100	1,796	0	59.00
60.00	06000	0	0	556	0	0	60.00
60.01	06001	0	0	32	1,841	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	54,151	26	13,149	349	0	65.00
66.00	06600	0	195	3,030	106	0	66.00
67.00	06700	0	0	255	22	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	6,783	0	0	69.00
70.00	07000	0	0	3	887	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	18,152,365	0	0	73.00
74.00	07400	12	0	12,057	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	176	0	59	76.97
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	46	152	2,793	117	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	281	33,214	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	19,726	0	16,400	0	0	90.05
90.06	09006	5,099	0	801	0	0	90.06
91.00	09100	161,160	36	13,715	0	245	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	143,322	0	15,003	0	0	95.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
101.00	10100 HOME HEALTH AGENCY	0	0	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						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,117,927	12,807	18,810,068	19,925	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	0	0	194.00
194.01	07951 BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952 HOSPICE	0	0	1,083	0	0	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956 CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958 CRHP	0	0	0	0	0	194.08
194.09	07959 NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,598,430	2,072,813	9,470,299	2,498,216	934,310	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.796893	161.850004	0.503441	125.380979	934.310000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	631,992	413,899	750,146	251,989	40,017	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.565325	32.318185	0.039878	12.646876	40.017000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
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
23.00	02300	0			23.00
23.01	02301		100		23.01
23.02	02302			100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	100	0	54.00
54.01	05402	0	0	0	54.01
54.02	05404	0	0	0	54.02
54.03	05405	0	0	0	54.03
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
62.00	06200	0	0	0	62.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	100	73.00
74.00	07400	0	0	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
90.04	09004	0	0	0	90.04
90.05	09005	0	0	0	90.05
90.06	09006	0	0	0	90.06
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
99.10	09910	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
101.00	10100 HOME HEALTH AGENCY	0	0	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				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951 BUILDING RENTALS	0	0	0	194.01
194.02	07952 HOSPICE	0	0	0	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956 CRH FOUNDATION	0	0	0	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	0	194.07
194.08	07958 CRHP	0	0	0	194.08
194.09	07959 NEUROPSYCH PART B	0	0	0	194.09
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	791,502	740,410	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	7,915.020000	7,404.100000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	40,031	38,349	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	400.310000	383.490000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C Part I Date/Time Prepared: 10/29/2019 2:12 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		38,737,686	0	38,737,686	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,089,599	0	7,089,599	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF		4,366,843	0	4,366,843	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		1,354,588	0	1,354,588	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		33,957,124	169,617	34,126,741	50.00	
51.00	05100 RECOVERY ROOM		1,944,994	0	1,944,994	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		437,760	8,040	445,800	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,083,802	32,375	5,116,177	54.00	
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC		2,350,702	0	2,350,702	54.01	
54.02	05404 ULTRASOUND		1,400,080	0	1,400,080	54.02	
54.03	05405 MAMMOGRAPHY		1,980,771	0	1,980,771	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC		5,521,349	0	5,521,349	55.00	
57.00	05700 CT SCAN		1,944,196	0	1,944,196	57.00	
58.00	05800 MRI		740,403	0	740,403	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,705,784	50,046	4,755,830	59.00	
60.00	06000 LABORATORY		12,507,704	0	12,507,704	60.00	
60.01	06001 LABORATORY-PATHOLOGICAL		1,446,480	9,584	1,456,064	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		857,638	0	857,638	62.00	
65.00	06500 RESPIRATORY THERAPY	0	4,251,584	3,865	4,255,449	65.00	
66.00	06600 PHYSICAL THERAPY	0	6,884,745	11,650	6,896,395	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,121,817	0	2,121,817	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,465,932	0	1,465,932	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,245,787	36,414	1,282,201	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,736,831	0	1,736,831	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,223,320	0	8,223,320	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,258,700	0	10,258,700	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		31,215,162	0	31,215,162	73.00	
74.00	07400 RENAL DIALYSIS		700,975	0	700,975	74.00	
76.00	03020 ACUPUNCTURE		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		762,527	3,268	765,795	76.97	
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		2,982,200	0	2,982,200	90.00	
90.01	09001 DIABETES CENTER		397,209	0	397,209	90.01	
90.02	09002 NEUROPSYCH		228,148	0	228,148	90.02	
90.03	09003 WOUND CENTER		2,019,590	23,509	2,043,099	90.03	
90.04	09004 HYPERBARIC OXYGEN THERAPY		274,287	2,620	276,907	90.04	
90.05	09005 VIMCARE CLINIC		1,558,965	0	1,558,965	90.05	
90.06	09006 MEDICATION MGMT CLINIC		477,004	0	477,004	90.06	
91.00	09100 EMERGENCY		16,327,931	633,401	16,961,332	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,077,983	0	4,077,983	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		7,335,410	2,347	7,337,757	95.00	
99.10	09910 CORF		0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY		0	0	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	
200.00	Subtotal (see instructions)		230,973,610	986,736	231,960,346	200.00	
201.00	Less Observation Beds		4,077,983	0	4,077,983	201.00	
202.00	Total (see instructions)		226,895,627	986,736	227,882,363	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,727,209		57,727,209		30.00
31.00	03100	INTENSIVE CARE UNIT	13,969,629		13,969,629		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/PF	6,374,194		6,374,194		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,466,553		2,466,553		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,135,023	64,014,876	89,149,899	0.380899	50.00
51.00	05100	RECOVERY ROOM	2,444,321	4,387,916	6,832,237	0.284679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,517,274	7,419,719	11,936,993	0.036673	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,346,900	3,939,653	5,286,553	0.961648	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,356,054	9,266,572	10,622,626	0.221292	54.01
54.02	05404	ULTRA SOUND	1,175,008	4,488,579	5,663,587	0.247207	54.02
54.03	05405	MAMMOGRAPHY	185	4,020,041	4,020,226	0.492701	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	265,614	21,400,200	21,665,814	0.254842	55.00
57.00	05700	CT SCAN	6,217,083	21,599,141	27,816,224	0.069894	57.00
58.00	05800	MRI	1,494,873	6,561,579	8,056,452	0.091902	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,875,455	10,406,214	25,281,669	0.186134	59.00
60.00	06000	LABORATORY	13,506,386	30,680,664	44,187,050	0.283063	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	522,466	4,766,795	5,289,261	0.273475	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,410,957	822,918	2,233,875	0.383924	62.00
65.00	06500	RESPIRATORY THERAPY	8,041,431	2,632,947	10,674,378	0.398298	65.00
66.00	06600	PHYSICAL THERAPY	4,025,202	10,344,127	14,369,329	0.479128	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,495,110	2,166,846	4,661,956	0.455134	67.00
68.00	06800	SPEECH PATHOLOGY	1,156,341	904,240	2,060,581	0.711417	68.00
69.00	06900	ELECTROCARDIOLOGY	5,951,728	9,782,413	15,734,141	0.079177	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,582	6,585,361	6,735,943	0.257845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,837,508	9,069,272	19,906,780	0.413091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,902,568	7,231,240	18,133,808	0.565722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,909,707	54,883,434	85,793,141	0.363842	73.00
74.00	07400	RENAL DIALYSIS	1,891,579	0	1,891,579	0.370577	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	33,226	2,156,938	2,190,164	0.348160	76.97
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	40,431	5,900,838	5,941,269	0.501947	90.00
90.01	09001	DIABETES CENTER	178	203,657	203,835	1.948679	90.01
90.02	09002	NEUROPSYCH	4,485	256,542	261,027	0.874040	90.02
90.03	09003	WOUND CENTER	49,367	5,770,455	5,819,822	0.347019	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	6,096	794,006	800,102	0.342815	90.04
90.05	09005	VIMCARE CLINIC	1,163	561,206	562,369	2.772139	90.05
90.06	09006	MEDICATION MGMT CLINIC	1,200	416,867	418,067	1.140975	90.06
91.00	09100	EMERGENCY	15,460,824	54,909,011	70,369,835	0.232030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,006,377	10,006,377	0.407538	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	11,659,077	11,659,077	0.629159	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	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					113.00
200.00		Subtotal (see instructions)	246,763,910	390,009,721	636,773,631		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	246,763,910	390,009,721	636,773,631		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 10/29/2019 2:12 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.382802		50.00
51.00	05100 RECOVERY ROOM	0.284679		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.037346		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.967772		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.221292		54.01
54.02	05404 ULTRASOUND	0.247207		54.02
54.03	05405 MAMMOGRAPHY	0.492701		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.254842		55.00
57.00	05700 CT SCAN	0.069894		57.00
58.00	05800 MRI	0.091902		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.188114		59.00
60.00	06000 LABORATORY	0.283063		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.275287		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.383924		62.00
65.00	06500 RESPIRATORY THERAPY	0.398660		65.00
66.00	06600 PHYSICAL THERAPY	0.479939		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.455134		67.00
68.00	06800 SPEECH PATHOLOGY	0.711417		68.00
69.00	06900 ELECTROCARDIOLOGY	0.081492		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.257845		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.413091		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.565722		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.363842		73.00
74.00	07400 RENAL DIALYSIS	0.370577		74.00
76.00	03020 ACUPUNCTURE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.349652		76.97
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	0.501947		90.00
90.01	09001 DIABETES CENTER	1.948679		90.01
90.02	09002 NEUROPSYCH	0.874040		90.02
90.03	09003 WOUND CENTER	0.351059		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.346090		90.04
90.05	09005 VIMCARE CLINIC	2.772139		90.05
90.06	09006 MEDICATION MGMT CLINIC	1.140975		90.06
91.00	09100 EMERGENCY	0.241031		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.407538		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.629360		95.00
99.10	09910 CORF			99.10
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
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		38,737,686	0	38,737,686	30.00
31.00	03100 INTENSIVE CARE UNIT		7,089,599	0	7,089,599	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF		4,366,843	0	4,366,843	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,354,588	0	1,354,588	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		33,957,124	169,617	34,126,741	50.00
51.00	05100 RECOVERY ROOM		1,944,994	0	1,944,994	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		437,760	8,040	445,800	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,083,802	32,375	5,116,177	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC		2,350,702	0	2,350,702	54.01
54.02	05404 ULTRASOUND		1,400,080	0	1,400,080	54.02
54.03	05405 MAMMOGRAPHY		1,980,771	0	1,980,771	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		5,521,349	0	5,521,349	55.00
57.00	05700 CT SCAN		1,944,196	0	1,944,196	57.00
58.00	05800 MRI		740,403	0	740,403	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,705,784	50,046	4,755,830	59.00
60.00	06000 LABORATORY		12,507,704	0	12,507,704	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		1,446,480	9,584	1,456,064	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		857,638	0	857,638	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,251,584	3,865	4,255,449	65.00
66.00	06600 PHYSICAL THERAPY	0	6,884,745	11,650	6,896,395	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,121,817	0	2,121,817	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,465,932	0	1,465,932	68.00
69.00	06900 ELECTROCARDIOLOGY		1,245,787	36,414	1,282,201	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,736,831	0	1,736,831	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,223,320	0	8,223,320	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,258,700	0	10,258,700	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		31,215,162	0	31,215,162	73.00
74.00	07400 RENAL DIALYSIS		700,975	0	700,975	74.00
76.00	03020 ACUPUNCTURE		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		762,527	3,268	765,795	76.97
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		2,982,200	0	2,982,200	90.00
90.01	09001 DIABETES CENTER		397,209	0	397,209	90.01
90.02	09002 NEUROPSYCH		228,148	0	228,148	90.02
90.03	09003 WOUND CENTER		2,019,590	23,509	2,043,099	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY		274,287	2,620	276,907	90.04
90.05	09005 VIMCARE CLINIC		1,558,965	0	1,558,965	90.05
90.06	09006 MEDICATION MGMT CLINIC		477,004	0	477,004	90.06
91.00	09100 EMERGENCY		16,327,931	633,401	16,961,332	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,077,983	0	4,077,983	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		7,335,410	2,347	7,337,757	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	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
200.00	Subtotal (see instructions)		230,973,610	986,736	231,960,346	200.00
201.00	Less Observation Beds		4,077,983	0	4,077,983	201.00
202.00	Total (see instructions)		226,895,627	986,736	227,882,363	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	57,727,209		57,727,209				30.00
31.00	03100	INTENSIVE CARE UNIT	13,969,629		13,969,629				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/PF	6,374,194		6,374,194				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,466,553		2,466,553				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,135,023	64,014,876	89,149,899	0.380899	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,444,321	4,387,916	6,832,237	0.284679	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	4,517,274	7,419,719	11,936,993	0.036673	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,346,900	3,939,653	5,286,553	0.961648	0.000000		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,356,054	9,266,572	10,622,626	0.221292	0.000000		54.01
54.02	05404	ULTRA SOUND	1,175,008	4,488,579	5,663,587	0.247207	0.000000		54.02
54.03	05405	MAMMOGRAPHY	185	4,020,041	4,020,226	0.492701	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	265,614	21,400,200	21,665,814	0.254842	0.000000		55.00
57.00	05700	CT SCAN	6,217,083	21,599,141	27,816,224	0.069894	0.000000		57.00
58.00	05800	MRI	1,494,873	6,561,579	8,056,452	0.091902	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,875,455	10,406,214	25,281,669	0.186134	0.000000		59.00
60.00	06000	LABORATORY	13,506,386	30,680,664	44,187,050	0.283063	0.000000		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	522,466	4,766,795	5,289,261	0.273475	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,410,957	822,918	2,233,875	0.383924	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	8,041,431	2,632,947	10,674,378	0.398298	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,025,202	10,344,127	14,369,329	0.479128	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,495,110	2,166,846	4,661,956	0.455134	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,156,341	904,240	2,060,581	0.711417	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	5,951,728	9,782,413	15,734,141	0.079177	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,582	6,585,361	6,735,943	0.257845	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,837,508	9,069,272	19,906,780	0.413091	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,902,568	7,231,240	18,133,808	0.565722	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,909,707	54,883,434	85,793,141	0.363842	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,891,579	0	1,891,579	0.370577	0.000000		74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	33,226	2,156,938	2,190,164	0.348160	0.000000		76.97
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	40,431	5,900,838	5,941,269	0.501947	0.000000		90.00
90.01	09001	DIABETES CENTER	178	203,657	203,835	1.948679	0.000000		90.01
90.02	09002	NEUROPSYCH	4,485	256,542	261,027	0.874040	0.000000		90.02
90.03	09003	WOUND CENTER	49,367	5,770,455	5,819,822	0.347019	0.000000		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	6,096	794,006	800,102	0.342815	0.000000		90.04
90.05	09005	VIMCARE CLINIC	1,163	561,206	562,369	2.772139	0.000000		90.05
90.06	09006	MEDICATION MGMT CLINIC	1,200	416,867	418,067	1.140975	0.000000		90.06
91.00	09100	EMERGENCY	15,460,824	54,909,011	70,369,835	0.232030	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,006,377	10,006,377	0.407538	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	11,659,077	11,659,077	0.629159	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0	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							113.00
200.00		Subtotal (see instructions)	246,763,910	390,009,721	636,773,631				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	246,763,910	390,009,721	636,773,631				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 10/29/2019 2:12 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	05404	ULTRASOUND	0.000000		54.02
54.03	05405	MAMMOGRAPHY	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	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	LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
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
90.01	09001	DIABETES CENTER	0.000000		90.01
90.02	09002	NEUROPSYCH	0.000000		90.02
90.03	09003	WOUND CENTER	0.000000		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.000000		90.04
90.05	09005	VIMCARE CLINIC	0.000000		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.000000		90.06
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
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
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,884,969	0	4,884,969	29,704	164.45	30.00
31.00	INTENSIVE CARE UNIT	799,223		799,223	3,361	237.79	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	625,316	0	625,316	3,676	170.11	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	86,045		86,045	3,269	26.32	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	6,395,553		6,395,553	40,010		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	11,848	1,948,404				30.00
31.00	INTENSIVE CARE UNIT	1,321	314,121				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	2,196	373,562				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	15,365	2,636,087				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,328,861	89,149,899	0.048557	11,046,277	536,374	50.00
51.00	05100	RECOVERY ROOM	199,849	6,832,237	0.029251	1,144,685	33,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,407	11,936,993	0.002212	1,960,299	4,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	553,252	5,286,553	0.104653	764,885	80,048	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	223,361	10,622,626	0.021027	798,986	16,800	54.01
54.02	05404	ULTRASOUND	165,276	5,663,587	0.029182	594,828	17,358	54.02
54.03	05405	MAMMOGRAPHY	306,016	4,020,226	0.076119	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,185,757	21,665,814	0.054729	187,620	10,268	55.00
57.00	05700	CT SCAN	411,172	27,816,224	0.014782	2,962,697	43,795	57.00
58.00	05800	MRI	59,737	8,056,452	0.007415	714,460	5,298	58.00
59.00	05900	CARDIAC CATHETERIZATION	582,521	25,281,669	0.023041	6,065,087	139,746	59.00
60.00	06000	LABORATORY	886,968	44,187,050	0.020073	6,034,146	121,123	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	113,658	5,289,261	0.021488	277,794	5,969	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,384	2,233,875	0.020764	661,726	13,740	62.00
65.00	06500	RESPIRATORY THERAPY	551,809	10,674,378	0.051695	4,116,656	212,811	65.00
66.00	06600	PHYSICAL THERAPY	627,140	14,369,329	0.043644	1,470,638	64,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,583	4,661,956	0.018787	588,627	11,059	67.00
68.00	06800	SPEECH PATHOLOGY	88,281	2,060,581	0.042843	172,128	7,374	68.00
69.00	06900	ELECTROCARDIOLOGY	126,166	15,734,141	0.008019	2,902,227	23,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	226,634	6,735,943	0.033645	89,163	3,000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	230,328	19,906,780	0.011570	5,084,873	58,832	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,337	18,133,808	0.015845	5,152,022	81,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,321,482	85,793,141	0.015403	13,901,961	214,132	73.00
74.00	07400	RENAL DIALYSIS	20,013	1,891,579	0.010580	951,660	10,069	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	91,363	2,190,164	0.041715	12,058	503	76.97
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	407,481	5,941,269	0.068585	31,228	2,142	90.00
90.01	09001	DIABETES CENTER	38,615	203,835	0.189442	178	34	90.01
90.02	09002	NEUROPSYCH	11,204	261,027	0.042923	2,392	103	90.02
90.03	09003	WOUND CENTER	71,520	5,819,822	0.012289	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	92,224	800,102	0.115265	6,096	703	90.04
90.05	09005	VIMCARE CLINIC	212,252	562,369	0.377425	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	19,213	418,067	0.045957	0	0	90.06
91.00	09100	EMERGENCY	1,578,373	70,369,835	0.022430	8,225,301	184,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	514,250	10,006,377	0.051392	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,692,487	544,576,969		75,920,698	1,902,686	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
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	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	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	0	29,704	0.00	11,848	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,361	0.00	1,321	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,676	0.00	2,196	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	3,269	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	40,010	0.00	15,365	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description	Title XVIII						Total
	Hospital		PPS		Total		
	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	791,502	54.00	
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01	
54.02 05404 ULTRA SOUND	0	0	0	0	0	54.02	
54.03 05405 MAMMOGRAPHY	0	0	0	0	0	54.03	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 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 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
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 PATIENT	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	740,410	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
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	
90.01 09001 DIABETES CENTER	0	0	0	0	0	90.01	
90.02 09002 NEUROPSYCH	0	0	0	0	0	90.02	
90.03 09003 WOUND CENTER	0	0	0	0	0	90.03	
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04	
90.05 09005 VIMCARE CLINIC	0	0	0	0	0	90.05	
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	0	0	90.06	
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	1,531,912	95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	1,531,912	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description		Title XVIII				Hospital		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 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)	PPS	
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	89,149,899	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,832,237	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,936,993	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	791,502	791,502	5,286,553	0.149720	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	10,622,626	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	5,663,587	0.000000	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	4,020,226	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,665,814	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	27,816,224	0.000000	57.00
58.00	05800	MRI	0	0	0	8,056,452	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	25,281,669	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	44,187,050	0.000000	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	5,289,261	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,233,875	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,674,378	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,369,329	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,661,956	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,060,581	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,734,141	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,735,943	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,906,780	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,133,808	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	740,410	740,410	85,793,141	0.008630	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,891,579	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,190,164	0.000000	76.97
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	5,941,269	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	203,835	0.000000	90.01
90.02	09002	NEUROPSYCH	0	0	0	261,027	0.000000	90.02
90.03	09003	WOUND CENTER	0	0	0	5,819,822	0.000000	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	800,102	0.000000	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	562,369	0.000000	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	418,067	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	70,369,835	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,006,377	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,531,912	1,531,912	544,576,969		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 10/29/2019 2:12 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	11,046,277	0	18,477,906	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,144,685	0	947,759	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,960,299	0	1,926,602	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.149720	764,885	114,519	1,339,093	200,489	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	798,986	0	3,959,353	0	54.01
54.02	05404 ULTRASOUND	0.000000	594,828	0	1,277,429	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	394,957	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	187,620	0	8,517,085	0	55.00
57.00	05700 CT SCAN	0.000000	2,962,697	0	6,332,259	0	57.00
58.00	05800 MRI	0.000000	714,460	0	2,064,158	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,065,087	0	4,488,028	0	59.00
60.00	06000 LABORATORY	0.000000	6,034,146	0	3,589,768	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	277,794	0	1,298,144	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	661,726	0	418,826	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,116,656	0	1,087,787	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,470,638	0	73,621	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	588,627	0	39,949	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	172,128	0	228,970	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,902,227	0	3,315,956	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	89,163	0	1,806,002	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,084,873	0	3,314,934	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,152,022	0	3,380,940	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.008630	13,901,961	119,974	22,969,526	198,227	73.00
74.00	07400 RENAL DIALYSIS	0.000000	951,660	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	12,058	0	1,040,246	0	76.97
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	31,228	0	2,934,874	0	90.00
90.01	09001 DIABETES CENTER	0.000000	178	0	10,329	0	90.01
90.02	09002 NEUROPSYCH	0.000000	2,392	0	150,098	0	90.02
90.03	09003 WOUND CENTER	0.000000	0	0	2,855,585	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	6,096	0	159,004	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	0	0	63,591	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	298,865	0	90.06
91.00	09100 EMERGENCY	0.000000	8,225,301	0	11,864,140	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,092,861	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		75,920,698	234,493	112,718,645	398,716	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 10/29/2019 2:12 pm
		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	0.380899	18,477,906	0	0	7,038,216	50.00
51.00	05100	RECOVERY ROOM	0.284679	947,759	0	0	269,807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036673	1,926,602	0	0	70,654	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.961648	1,339,093	0	0	1,287,736	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.221292	3,959,353	0	0	876,173	54.01
54.02	05404	ULTRA SOUND	0.247207	1,277,429	0	0	315,789	54.02
54.03	05405	MAMMOGRAPHY	0.492701	394,957	0	0	194,596	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.254842	8,517,085	0	0	2,170,511	55.00
57.00	05700	CT SCAN	0.069894	6,332,259	0	0	442,587	57.00
58.00	05800	MRI	0.091902	2,064,158	0	0	189,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186134	4,488,028	0	0	835,375	59.00
60.00	06000	LABORATORY	0.283063	3,589,768	0	0	1,016,130	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.273475	1,298,144	0	0	355,010	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.383924	418,826	0	0	160,797	62.00
65.00	06500	RESPIRATORY THERAPY	0.398298	1,087,787	0	0	433,263	65.00
66.00	06600	PHYSICAL THERAPY	0.479128	73,621	0	0	35,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455134	39,949	0	0	18,182	67.00
68.00	06800	SPEECH PATHOLOGY	0.711417	228,970	0	0	162,893	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079177	3,315,956	0	0	262,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257845	1,806,002	0	0	465,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.413091	3,314,934	0	0	1,369,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.565722	3,380,940	0	0	1,912,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.363842	22,969,526	0	85,713	8,357,278	73.00
74.00	07400	RENAL DIALYSIS	0.370577	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.348160	1,040,246	0	0	362,172	76.97
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	0.501947	2,934,874	0	0	1,473,151	90.00
90.01	09001	DIABETES CENTER	1.948679	10,329	0	0	20,128	90.01
90.02	09002	NEUROPSYCH	0.874040	150,098	0	0	131,192	90.02
90.03	09003	WOUND CENTER	0.347019	2,855,585	0	0	990,942	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.342815	159,004	0	0	54,509	90.04
90.05	09005	VIMCARE CLINIC	2.772139	63,591	0	0	176,283	90.05
90.06	09006	MEDICATION MGMT CLINIC	1.140975	298,865	0	0	340,997	90.06
91.00	09100	EMERGENCY	0.232030	11,864,140	0	0	2,752,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.407538	2,092,861	0	0	852,920	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.629159		0			95.00
200.00		Subtotal (see instructions)		112,718,645	0	85,713	35,395,358	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		112,718,645	0	85,713	35,395,358	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 10/29/2019 2:12 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	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	LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,186	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
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	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	90.02
90.03	09003	WOUND CENTER	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	31,186	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	31,186	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 10/29/2019 2:12 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,328,861	89,149,899	0.048557	17,460	848	50.00
51.00	05100	RECOVERY ROOM	199,849	6,832,237	0.029251	2,651	78	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,407	11,936,993	0.002212	3,311	7	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	553,252	5,286,553	0.104653	12,938	1,354	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	223,361	10,622,626	0.021027	2,220	47	54.01
54.02	05404	ULTRASOUND	165,276	5,663,587	0.029182	12,370	361	54.02
54.03	05405	MAMMOGRAPHY	306,016	4,020,226	0.076119	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,185,757	21,665,814	0.054729	19,389	1,061	55.00
57.00	05700	CT SCAN	411,172	27,816,224	0.014782	46,496	687	57.00
58.00	05800	MRI	59,737	8,056,452	0.007415	15,225	113	58.00
59.00	05900	CARDIAC CATHETERIZATION	582,521	25,281,669	0.023041	0	0	59.00
60.00	06000	LABORATORY	886,968	44,187,050	0.020073	247,020	4,958	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	113,658	5,289,261	0.021488	980	21	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,384	2,233,875	0.020764	12,640	262	62.00
65.00	06500	RESPIRATORY THERAPY	551,809	10,674,378	0.051695	42,881	2,217	65.00
66.00	06600	PHYSICAL THERAPY	627,140	14,369,329	0.043644	862,714	37,652	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,583	4,661,956	0.018787	800,709	15,043	67.00
68.00	06800	SPEECH PATHOLOGY	88,281	2,060,581	0.042843	527,159	22,585	68.00
69.00	06900	ELECTROCARDIOLOGY	126,166	15,734,141	0.008019	28,062	225	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	226,634	6,735,943	0.033645	2,109	71	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	230,328	19,906,780	0.011570	143,975	1,666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,337	18,133,808	0.015845	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,321,482	85,793,141	0.015403	558,165	8,597	73.00
74.00	07400	RENAL DIALYSIS	20,013	1,891,579	0.010580	72,100	763	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	91,363	2,190,164	0.041715	0	0	76.97
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	407,481	5,941,269	0.068585	0	0	90.00
90.01	09001	DIABETES CENTER	38,615	203,835	0.189442	0	0	90.01
90.02	09002	NEUROPSYCH	11,204	261,027	0.042923	299	13	90.02
90.03	09003	WOUND CENTER	71,520	5,819,822	0.012289	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	92,224	800,102	0.115265	0	0	90.04
90.05	09005	VIMCARE CLINIC	212,252	562,369	0.377425	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	19,213	418,067	0.045957	0	0	90.06
91.00	09100	EMERGENCY	1,578,373	70,369,835	0.022430	11,745	263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,006,377	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,178,237	544,576,969		3,442,618	98,892	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 10/29/2019 2:12 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	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	791,502	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	740,410	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,531,912	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 10/29/2019 2:12 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	89,149,899	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	6,832,237	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	11,936,993	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	791,502	791,502	5,286,553	0.149720	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	10,622,626	0.000000	54.01
54.02	05404 ULTRASOUND	0	0	0	5,663,587	0.000000	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	4,020,226	0.000000	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	21,665,814	0.000000	55.00
57.00	05700 CT SCAN	0	0	0	27,816,224	0.000000	57.00
58.00	05800 MRI	0	0	0	8,056,452	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	25,281,669	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	44,187,050	0.000000	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	5,289,261	0.000000	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,233,875	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	10,674,378	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	14,369,329	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	4,661,956	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2,060,581	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	15,734,141	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,735,943	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,906,780	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,133,808	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	740,410	740,410	85,793,141	0.008630	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	1,891,579	0.000000	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,190,164	0.000000	76.97
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	5,941,269	0.000000	90.00
90.01	09001 DIABETES CENTER	0	0	0	203,835	0.000000	90.01
90.02	09002 NEUROPSYCH	0	0	0	261,027	0.000000	90.02
90.03	09003 WOUND CENTER	0	0	0	5,819,822	0.000000	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	800,102	0.000000	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	562,369	0.000000	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	418,067	0.000000	90.06
91.00	09100 EMERGENCY	0	0	0	70,369,835	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,006,377	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	1,531,912	1,531,912	544,576,969		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 10/29/2019 2:12 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	17,460	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,651	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	3,311	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.149720	12,938	1,937	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	2,220	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	12,370	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	19,389	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	46,496	0	0	0	57.00
58.00	05800 MRI	0.000000	15,225	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	247,020	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	980	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	12,640	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	42,881	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	862,714	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	800,709	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	527,159	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	28,062	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,109	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	143,975	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.008630	558,165	4,817	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	72,100	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
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	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	299	0	0	0	90.02
90.03	09003 WOUND CENTER	0.000000	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	11,745	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		3,442,618	6,754	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 10/29/2019 2:12 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,704	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,704	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)		26,577	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)		11,848	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)		38,737,686	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)		38,737,686	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)		38,737,686	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)		1,304.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,451,214	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)		15,451,214	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 10/29/2019 2:12 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,089,599	3,361	2,109.37	1,321	2,786,478	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					24,621,466	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,859,158	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)					2,262,525	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,137,179	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,399,704	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,459,454	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)					3,127	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,304.12	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,077,983	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 10/29/2019 2:12 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,884,969	38,737,686	0.126104	4,077,983	514,250	90.00
91.00	Nursing School cost	0	38,737,686	0.000000	4,077,983	0	91.00
92.00	Allied health cost	0	38,737,686	0.000000	4,077,983	0	92.00
93.00	All other Medical Education	0	38,737,686	0.000000	4,077,983	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 10/29/2019 2:12 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,676	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,676	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)		3,676	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,196	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)		4,366,843	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)		4,366,843	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)		4,366,843	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)		1,187.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,608,694	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,608,694	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 15-T112		Date/Time Prepared: 10/29/2019 2:12 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					1,574,074	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,182,768	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)					373,562	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					105,646	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					479,208	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,703,560	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 10/29/2019 2:12 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	625,316	4,366,843	0.143196	0	0	90.00
91.00	Nursing School cost	0	4,366,843	0.000000	0	0	91.00
92.00	Allied health cost	0	4,366,843	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,366,843	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,406,432	30.00
31.00	03100	INTENSIVE CARE UNIT		5,823,843	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.382802	11,046,277	4,228,537 50.00
51.00	05100	RECOVERY ROOM	0.284679	1,144,685	325,868 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.037346	1,960,299	73,209 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.967772	764,885	740,234 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.221292	798,986	176,809 54.01
54.02	05404	ULTRA SOUND	0.247207	594,828	147,046 54.02
54.03	05405	MAMMOGRAPHY	0.492701	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.254842	187,620	47,813 55.00
57.00	05700	CT SCAN	0.069894	2,962,697	207,075 57.00
58.00	05800	MRI	0.091902	714,460	65,660 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.188114	6,065,087	1,140,928 59.00
60.00	06000	LABORATORY	0.283063	6,034,146	1,708,043 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.275287	277,794	76,473 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.383924	661,726	254,052 62.00
65.00	06500	RESPIRATORY THERAPY	0.398660	4,116,656	1,641,146 65.00
66.00	06600	PHYSICAL THERAPY	0.479939	1,470,638	705,817 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455134	588,627	267,904 67.00
68.00	06800	SPEECH PATHOLOGY	0.711417	172,128	122,455 68.00
69.00	06900	ELECTROCARDIOLOGY	0.081492	2,902,227	236,508 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257845	89,163	22,990 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.413091	5,084,873	2,100,515 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.565722	5,152,022	2,914,612 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.363842	13,901,961	5,058,117 73.00
74.00	07400	RENAL DIALYSIS	0.370577	951,660	352,663 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.349652	12,058	4,216 76.97
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	0.501947	31,228	15,675 90.00
90.01	09001	DIABETES CENTER	1.948679	178	347 90.01
90.02	09002	NEUROPSYCH	0.874040	2,392	2,091 90.02
90.03	09003	WOUND CENTER	0.351059	0	0 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.346090	6,096	2,110 90.04
90.05	09005	VIMCARE CLINIC	2.772139	0	0 90.05
90.06	09006	MEDICATION MGMT CLINIC	1.140975	0	0 90.06
91.00	09100	EMERGENCY	0.241031	8,225,301	1,982,553 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.407538	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		75,920,698	24,621,466 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		75,920,698	24,621,466 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 10/29/2019 2:12 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,818,585	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.382802	17,460	50.00
51.00	05100	RECOVERY ROOM	0.284679	2,651	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.037346	3,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.967772	12,938	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.221292	2,220	54.01
54.02	05404	ULTRA SOUND	0.247207	12,370	54.02
54.03	05405	MAMMOGRAPHY	0.492701	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.254842	19,389	55.00
57.00	05700	CT SCAN	0.069894	46,496	57.00
58.00	05800	MRI	0.091902	15,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.188114	0	59.00
60.00	06000	LABORATORY	0.283063	247,020	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.275287	980	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.383924	12,640	62.00
65.00	06500	RESPIRATORY THERAPY	0.398660	42,881	65.00
66.00	06600	PHYSICAL THERAPY	0.479939	862,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.455134	800,709	67.00
68.00	06800	SPEECH PATHOLOGY	0.711417	527,159	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081492	28,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257845	2,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.413091	143,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.565722	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.363842	558,165	73.00
74.00	07400	RENAL DIALYSIS	0.370577	72,100	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.349652	0	76.97
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	0.501947	0	90.00
90.01	09001	DIABETES CENTER	1.948679	0	90.01
90.02	09002	NEUROPSYCH	0.874040	299	90.02
90.03	09003	WOUND CENTER	0.351059	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.346090	0	90.04
90.05	09005	VIMCARE CLINIC	2.772139	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	1.140975	0	90.06
91.00	09100	EMERGENCY	0.241031	11,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.407538	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,442,618	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		3,442,618	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 10/29/2019 2:12 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,154,554	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,025,831	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)		592,503	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		205.43	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.63	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.62	31.00
32.00	Sum of lines 30 and 31		30.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.17	33.00
34.00	Disproportionate share adjustment (see instructions)		1,104,565	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 10/29/2019 2:12 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000217835	0.000302844	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,302,108	2,049,255	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	973,905	516,525	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,490,430		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)	34,367,883		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)		34,367,883	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,792,990	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		119,391	53.00
54.00	Special add-on payments for new technologies		6,019	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		234,493	58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,520,776	59.00
60.00	Primary payer payments		23,015	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,497,761	61.00
62.00	Deductibles billed to program beneficiaries		3,551,100	62.00
63.00	Coinurance billed to program beneficiaries		54,614	63.00
64.00	Allowable bad debts (see instructions)		417,241	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		271,207	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		226,637	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,163,254	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)		52,534	70.93
70.94	HRR adjustment amount (see instructions)		-101,225	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 10/29/2019 2:12 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			34,114,563	71.00
71.01	Sequestration adjustment (see instructions)			682,291	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			33,219,985	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)			212,287	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,715,303	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0020123610	1.0007799581	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)		0.9971	0.9958	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 10/29/2019 2:12 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,186	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		34,996,642	2.00
3.00	OPPTS payments		28,836,953	3.00
4.00	Outlier payment (see instructions)		174,620	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		398,716	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,186	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		85,713	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)		85,713	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)		85,713	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,527	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)		31,186	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)		29,410,289	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,478,677	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		23,962,798	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		23,962,798	30.00
31.00	Primary payer payments		5,223	31.00
32.00	Subtotal (line 30 minus line 31)		23,957,575	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)		777,614	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		505,449	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		537,861	36.00
37.00	Subtotal (see instructions)		24,463,024	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)		24,463,024	40.00
40.01	Sequestration adjustment (see instructions)		489,260	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		23,780,516	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		193,248	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		525,924	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0112

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

Worksheet E-1
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		33,219,985		23,751,416	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	07/26/2018	29,100	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		29,100	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)		33,219,985		23,780,516	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		212,287		193,248	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		33,432,272		23,973,764	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0112
Component CCN: 15-T112

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

Worksheet E-1
Part I
Date/Time Prepared:
10/29/2019 2:12 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		3,898,598		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)		3,898,598		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		99,709		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,998,307		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 10/29/2019 2:12 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 10/29/2019 2: 12 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,398,558 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0343 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			165,170 3.00
4.00	Outlier Payments			524,962 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.071233 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,088,690 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,088,690 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,088,690 19.00
20.00	Deductibles			19,740 20.00
21.00	Subtotal (line 19 minus line 20)			4,068,950 21.00
22.00	Coinurance			1,316 22.00
23.00	Subtotal (line 21 minus line 22)			4,067,634 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,487 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,517 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,073,151 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			6,754 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,079,905 32.00
32.01	Sequestration adjustment (see instructions)			81,598 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,898,598 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			99,709 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			23,297 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			524,962 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 15-0112

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

Worksheet G
Date/Time Prepared:
10/29/2019 2:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	17,813,668	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	71,300,187	0	0	0	4.00
5.00	Other receivable	10,305,032	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-38,772,918	0	0	0	6.00
7.00	Inventory	4,397,515	0	0	0	7.00
8.00	Prepaid expenses	4,183,746	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)	69,227,230	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,421,066	0	0	0	12.00
13.00	Land improvements	20,075,468	0	0	0	13.00
14.00	Accumulated depreciation	-11,077,526	0	0	0	14.00
15.00	Buildings	202,598,705	0	0	0	15.00
16.00	Accumulated depreciation	-123,785,441	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	9,435,554	0	0	0	19.00
20.00	Accumulated depreciation	-6,776,495	0	0	0	20.00
21.00	Automobiles and trucks	2,048,137	0	0	0	21.00
22.00	Accumulated depreciation	-1,523,316	0	0	0	22.00
23.00	Major movable equipment	150,620,488	0	0	0	23.00
24.00	Accumulated depreciation	-108,561,818	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	135,474,822	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,208,834	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	210,758,510	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	211,967,344	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	416,669,396	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,059,159	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,466,817	0	0	0	38.00
39.00	Payroll taxes payable	901,828	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,090,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,283,256	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,801,060	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	55,875,000	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	883,290	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	56,758,290	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	95,559,350	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	321,110,046				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)	321,110,046	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	416,669,396	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

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

Worksheet G-1

Date/Time Prepared:
10/29/2019 2:12 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		302,747,871			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		39,541,742				2.00
3.00	Total (sum of line 1 and line 2)		342,289,613			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NURSING HOME CONTRIBUTIONS	9,457,020		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		9,457,020			0	10.00
11.00	Subtotal (line 3 plus line 10)		351,746,633			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	EQUITY TRANSFERS WHOLLY OWNED SUBS	30,636,587		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		30,636,587			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		321,110,046			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	NURSING HOME CONTRIBUTIONS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	EQUITY TRANSFERS WHOLLY OWNED SUBS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0112

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/29/2019 2:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	57,726,805		57,726,805	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,374,194		6,374,194	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	0		0	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)	64,100,999		64,100,999	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,969,629		13,969,629	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,969,629		13,969,629	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	78,070,628		78,070,628	17.00
18.00	Ancillary services	150,432,528	326,129,129	476,561,657	18.00
19.00	Outpatient services	15,460,824	54,909,011	70,369,835	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	11,090,733	11,090,733	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				26.00
27.00	LEVEL II NURSERY	2,466,553	0	2,466,553	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	246,430,533	392,128,873	638,559,406	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		254,003,654		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	6,618,970			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)		6,618,970		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		260,622,624		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 10/29/2019 2:12 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	638,559,406	1.00
2.00	Less contractual allowances and discounts on patients' accounts	360,077,634	2.00
3.00	Net patient revenues (line 1 minus line 2)	278,481,772	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	260,622,624	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,859,148	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	550,822	6.00
7.00	Income from investments	5,936,411	7.00
8.00	Revenues from telephone and other miscellaneous communication services	3,900	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	84,665	10.00
11.00	Rebates and refunds of expenses	80,318	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	950,226	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	41,020	17.00
18.00	Revenue from sale of medical records and abstracts	27,136	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	20,480	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	100	21.00
22.00	Rental of hospital space	147,596	22.00
23.00	Governmental appropriations	382,709	23.00
24.00	UNREALIZED INVESTMENT GAINS(LOSSES)	12,386,570	24.00
24.01	WELLNESS REVENUE	174,455	24.01
24.02	JOINT VENTURES	378,145	24.02
24.03	CRHP REVENUE	1,372,224	24.03
24.04	EHR GRANT (25%)	491,849	24.04
24.05	OTHER OPERATING REVENUE	543,440	24.05
25.00	Total other income (sum of lines 6-24)	23,572,066	25.00
26.00	Total (line 5 plus line 25)	41,431,214	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	664,387	27.00
27.01	OTHER NON OPERATING EXPENSES	1,225,085	27.01
27.02	OTHER EXPENSES (SPECIFY)	0	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,889,472	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	39,541,742	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 10/29/2019 2:12 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,528,428	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		104,765	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)		82.02	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.63	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.62	8.00
9.00	Sum of lines 7 and 8		30.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.32	10.00
11.00	Disproportionate share adjustment (see instructions)		159,797	11.00
12.00	Total prospective capital payments (see instructions)		2,792,990	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