

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/27/2020 10:46 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 7/27/2020 Time: 10:46 am
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COLUMBUS REGIONAL HOSPITAL (15-0112) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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	95,423	-63,025	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-86,378	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	9,045	-63,025	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/24/2020 4:05 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:		Date Certified		Payment System (P, T, O, or N)		1.00		
2.00	City: COLUMBUS			State: IN		Zip Code: 47201-		County: BARTHOLOMEW		2.00		
Component Name												
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00			
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)							01/01/2019	12/31/2019		20.00	
21.00	Type of Control (see instructions)							8			21.00	
								1.00	2.00		3.00	

Inpatient PPS Information										
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
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 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/24/2020 4:05 pm	
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
	1.00	2.00	3.00	4.00	5.00	6.00			
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.	1,378	685	0	0	5,091	125	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	35	0	0	211		25.00	
							Urban/Rural	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
							V	XVIII	XIX
							1.00	2.00	3.00
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/24/2020 4:05 pm		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N		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
61.01	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 FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-2
Part I
Date/Time Prepared:
7/24/2020 4:05 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	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	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/24/2020 4:05 pm		
		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	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	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.		N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		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.	N		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.	N		Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		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.	N		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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/24/2020 4:05 pm
			V 1.00	XIX 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 1.00	Occupational 2.00	Speech 3.00
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
				Respiratory 4.00
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
				1.00
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	
				1.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	
				1.00
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		
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	
		Premiums 1.00	Losses 2.00	Insurance 3.00
118.01	List amounts of malpractice premiums and paid losses:	828,010	0	0
				1.00
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	
119.00	DO NOT USE THIS LINE			
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
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	
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	
				1.00
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	
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.			
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.			
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.			
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.			
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.			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/24/2020 4:05 pm	
		1.00		2.00			
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	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
		1.00		2.00		3.00	
						Title XIX	
						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	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	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 Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/24/2020 4:05 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 7/24/2020 4:05 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			
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	06/09/2020	Y	06/09/2020		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	06/09/2020	Y	06/09/2020		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 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/24/2020 4:05 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	SI	MMONS	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

		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

HFS Supplemental Information		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part IX Date/Time Prepared: 7/24/2020 4:05 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
		State 1.00		
STATE MEDICAID FORMS				
10.00	Select the state when using state Medicaid forms.			10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
7/24/2020 4:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	140	51,100	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)		140	51,100	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)		157	57,305	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)		175				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 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
7/24/2020 4:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,048	6,071	24,854			1.00
2.00 HMO and other (see instructions)	4,318	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	544	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)	12,048	6,071	24,854			7.00
8.00 INTENSIVE CARE UNIT	705	154	3,143			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		1,054	2,961			13.00
14.00 Total (see instructions)	12,753	7,279	30,958	0.00	1,317.00	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	2,021	246	3,601	0.00	22.00	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	1,339.00	27.00
28.00 Observation Bed Days		783	3,912			28.00
29.00 Ambulance Trips	4,044					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 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
7/24/2020 4:05 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	3,449	1,650	8,565	1.00
2.00 HMO and other (see instructions)				1,038	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		3,449	1,650	8,565	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		174	22	284	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 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
7/24/2020 4:05 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	86,654,304	-561,582	86,092,722	2,713,384.00	31.73
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,282,995	0	1,282,995	5,746.00	223.28
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		200,476	0	200,476	4,108.00	48.80
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,514,192	867,294	6,381,486	225,432.00	28.31
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		13,783,078	0	13,783,078	281,966.00	48.88
12.00	Contract labor: Top level management and other management and administrative services		1,252,930	0	1,252,930	27,429.00	45.68
13.00	Contract Labor: Physician-Part A - Administrative		5,993,826	0	5,993,826	37,799.00	158.57
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		3,889,369	0	3,889,369	47,536.00	81.82
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,787,310	0	24,787,310		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,007,615	0	2,007,615		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		466,700	0	466,700		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		1,305,566	0	1,305,566		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
7/24/2020 4:05 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	229,658	-213,319	16,339	464.00	35.21	26.00
27.00	Administrative & General	15,561,397	385,436	15,946,833	461,410.00	34.56	27.00
28.00	Administrative & General under contract (see inst.)	5,316,547	0	5,316,547	68,044.00	78.13	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,592,937	-11,923	2,581,014	79,647.00	32.41	30.00
31.00	Laundry & Linen Service	36,374	0	36,374	2,098.00	17.34	31.00
32.00	Housekeeping	1,830,426	-7,772	1,822,654	112,915.00	16.14	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,130,231	-1,338,399	791,832	43,180.00	18.34	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,317,474	1,317,474	72,387.00	18.20	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,549,813	128,559	4,678,372	105,463.00	44.36	38.00
39.00	Central Services and Supply	825	365	1,190	29.00	41.03	39.00
40.00	Pharmacy	3,479,732	-378,491	3,101,241	66,447.00	46.67	40.00
41.00	Medical Records & Medical Records Library	2,100,690	-1,045,710	1,054,980	34,550.00	30.53	41.00
42.00	Social Service	569,639	3,840	573,479	15,624.00	36.71	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part III
Date/Time Prepared:
7/24/2020 4:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	90,487,380	-561,582	89,925,798	2,771,574.00	32.45	1.00
2.00	Excluded area salaries (see instructions)	5,514,192	867,294	6,381,486	225,432.00	28.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,973,188	-1,428,876	83,544,312	2,546,142.00	32.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,919,203	0	24,919,203	394,730.00	63.13	4.00
5.00	Subtotal wage-related costs (see inst.)	26,092,876	0	26,092,876	0.00	31.23	5.00
6.00	Total (sum of lines 3 thru 5)	135,985,267	-1,428,876	134,556,391	2,940,872.00	45.75	6.00
7.00	Total overhead cost (see instructions)	38,398,269	-1,159,940	37,238,329	1,062,258.00	35.06	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part IV
Date/Time Prepared:
7/24/2020 4:05 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,864,300	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	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)	14,773,353	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	422,100	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	57,108	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)	1,085,607	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	678,796	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	5,994,272	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	27,424	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	102,487	22.00
23.00	Tuition Reimbursement	256,178	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,261,625	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part V
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	13,783,078	27,261,625	1.00
2.00	Hospital	13,783,078	27,261,625	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 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 7/24/2020 4:05 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)		0.347577	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,455,863	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		7,151,109	5.00	
6.00	Medicaid charges		101,560,363	6.00	
7.00	Medicaid cost (line 1 times line 6)		35,300,046	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)		17,693,074	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)		17,693,074	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)	16,669,141	4,448,598	21,117,739	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,793,810	4,448,598	10,242,408	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)	5,793,810	4,448,598	10,242,408	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)		14,428,459	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		702,123	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,080,190	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		13,348,269	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,017,618	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		15,260,026	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		32,953,100	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 7/24/2020 4:05 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		22,732,376	22,732,376	-11,610,040	11,122,336	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	14,180,120	14,180,120	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	229,658	31,253,604	31,483,262	-2,159,931	29,323,331	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,561,397	47,896,588	63,457,985	-3,516,461	59,941,524	5.00
7.00	00700	OPERATION OF PLANT	2,592,937	6,791,911	9,384,848	-2,527,688	6,857,160	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,374	692,413	728,787	0	728,787	8.00
9.00	00900	HOUSEKEEPING	1,830,426	686,843	2,517,269	-7,772	2,509,497	9.00
10.00	01000	DIETARY	2,130,231	1,179,472	3,309,703	-2,075,102	1,234,601	10.00
11.00	01100	CAFETERIA	0	0	0	2,054,177	2,054,177	11.00
13.00	01300	NURSING ADMINISTRATION	4,549,813	813,772	5,363,585	133,614	5,497,199	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	825	851,720	852,545	254,471	1,107,016	14.00
15.00	01500	PHARMACY	3,479,732	1,720,831	5,200,563	-331,809	4,868,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,100,690	771,932	2,872,622	-1,285,622	1,587,000	16.00
17.00	01700	SOCIAL SERVICE	569,639	23,604	593,243	4,428	597,671	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	157,235	3,158	160,393	364,162	524,555	23.01
23.02	02302	PHARMACY RESIDENCY PROG	172,699	5,676	178,375	178,733	357,108	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,646,693	2,555,557	17,202,250	1,213,000	18,415,250	30.00
31.00	03100	INTENSIVE CARE UNIT	2,387,104	1,121,576	3,508,680	-147,583	3,361,097	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	1,347,448	93,896	1,441,344	370,254	1,811,598	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	811,600	14,479	826,079	-12,711	813,368	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	870,939	30,043,321	30,914,260	-10,762,153	20,152,107	50.00
51.00	05100	RECOVERY ROOM	120	1,052,838	1,052,958	254,149	1,307,107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	128,533	128,533	63,125	191,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,885,903	592,347	2,478,250	-233,796	2,244,454	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	393,258	1,555,603	1,948,861	165,458	2,114,319	54.01
54.02	05404	ULTRA SOUND	446,531	52,278	498,809	87,575	586,384	54.02
54.03	05405	MAMMOGRAPHY	755,779	192,057	947,836	300,787	1,248,623	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	797,486	1,357,334	2,154,820	751,526	2,906,346	55.00
57.00	05700	CT SCAN	686,121	972,414	1,658,535	170,174	1,828,709	57.00
58.00	05800	MRI	298,872	112,522	411,394	131,043	542,437	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,731,309	4,476,505	6,207,814	-3,368,529	2,839,285	59.00
60.00	06000	LABORATORY	4,152,630	4,121,125	8,273,755	136,173	8,409,928	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	353,999	500,002	854,001	237,450	1,091,451	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	493,422	493,422	60,583	554,005	62.00
65.00	06500	RESPIRATORY THERAPY	1,953,689	400,901	2,354,590	16,268	2,370,858	65.00
66.00	06600	PHYSICAL THERAPY	4,345,684	174,080	4,519,764	-149,839	4,369,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	549,507	7,831	557,338	755,679	1,313,017	67.00
68.00	06800	SPEECH PATHOLOGY	596,729	193,042	789,771	-100,132	689,639	68.00
69.00	06900	ELECTROCARDIOLOGY	686,427	639,722	1,326,149	62,346	1,388,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	698,582	90,478	789,060	145,179	934,239	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,358,574	6,358,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,658,272	9,658,272	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,149,822	22,149,822	0	22,149,822	73.00
74.00	07400	RENAL DIALYSIS	0	813,715	813,715	0	813,715	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	262,270	137,614	399,884	0	399,884	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	1,576,865	148,326	1,725,191	16,923	1,742,114	90.00
90.01	09001	DIABETES CENTER	94,274	135,151	229,425	0	229,425	90.01
90.02	09002	NEUROPSYCH	287,844	10,901	298,745	-462	298,283	90.02
90.03	09003	WOUND CENTER	527,717	894,797	1,422,514	-29,432	1,393,082	90.03
90.04	09004	HYPERBARIIC OXYGEN THERAPY	0	0	0	227,809	227,809	90.04
90.05	09005	VIMCARE CLINIC	551,845	125,928	677,773	-3,124	674,649	90.05
90.06	09006	MEDICATION MGMT CLINIC	286,004	2,044	288,048	0	288,048	90.06
91.00	09100	EMERGENCY	5,422,609	1,276,798	6,699,407	1,992,542	8,691,949	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	3,765,714	335,549	4,101,263	107,032	4,208,295	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
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		1,897,066	1,897,066	-1,897,066	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,583,208	194,293,474	280,876,682	232,374	281,109,056	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	296,804	296,804	194.00
194.01	07951	BUILDING RENTALS	0	2,286,135	2,286,135	-1,960,292	325,843	194.01
194.02	07952	HOSPICE	0	107,509	107,509	0	107,509	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	186,874	186,874	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	795,842	795,842	194.05
194.06	07956	CRH FOUNDATION	36,417	168	36,585	0	36,585	194.06
194.07	07957	HEALTHY COMMUNITIES	34,679	3,345	38,024	-11,688	26,336	194.07
194.08	07958	CRHP	0	0	0	460,086	460,086	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	86,654,304	196,690,631	283,344,935	0	283,344,935	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
7/24/2020 4:05 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	-291,252	10,831,084	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-331,204	13,848,916	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-365,734	28,957,597	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-22,632,958	37,308,566	5.00
7.00	00700	OPERATION OF PLANT	-401,801	6,455,359	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	728,787	8.00
9.00	00900	HOUSEKEEPING	0	2,509,497	9.00
10.00	01000	DIETARY	-92,661	1,141,940	10.00
11.00	01100	CAFETERIA	-1,392,889	661,288	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,497,199	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,107,016	14.00
15.00	01500	PHARMACY	-54,706	4,814,048	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,428	1,574,572	16.00
17.00	01700	SOCIAL SERVICE	0	597,671	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-24,553	500,002	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	357,108	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,286,404	17,128,846	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,361,097	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	1,811,598	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	813,368	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,123,454	19,028,653	50.00
51.00	05100	RECOVERY ROOM	0	1,307,107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	191,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-42,576	2,201,878	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	2,114,319	54.01
54.02	05404	ULTRA SOUND	0	586,384	54.02
54.03	05405	MAMMOGRAPHY	-497	1,248,126	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-26,200	2,880,146	55.00
57.00	05700	CT SCAN	0	1,828,709	57.00
58.00	05800	MRI	0	542,437	58.00
59.00	05900	CARDIAC CATHETERIZATION	-96,850	2,742,435	59.00
60.00	06000	LABORATORY	-275	8,409,653	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-37,356	1,054,095	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	554,005	62.00
65.00	06500	RESPIRATORY THERAPY	-8,426	2,362,432	65.00
66.00	06600	PHYSICAL THERAPY	-28,952	4,340,973	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,313,017	67.00
68.00	06800	SPEECH PATHOLOGY	-586	689,053	68.00
69.00	06900	ELECTROCARDIOLOGY	-35,518	1,352,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	934,239	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,358,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,658,272	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,149,822	73.00
74.00	07400	RENAL DIALYSIS	0	813,715	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	399,884	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	1,742,114	90.00
90.01	09001	DIABETES CENTER	0	229,425	90.01
90.02	09002	NEUROPSYCH	-200,476	97,807	90.02
90.03	09003	WOUND CENTER	-21,024	1,372,058	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-1,250	226,559	90.04
90.05	09005	VIMCARE CLINIC	0	674,649	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	288,048	90.06
91.00	09100	EMERGENCY	-670,392	8,021,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-646,846	3,561,449	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
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)	-29,827,268	251,281,788	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	296,804	194.00
194.01	07951	BUILDING RENTALS	0	325,843	194.01
194.02	07952	HOSPICE	0	107,509	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	186,874	194.04
194.05	07955	NONALLOWABLE MARKETING	0	795,842	194.05
194.06	07956	CRH FOUNDATION	0	36,585	194.06
194.07	07957	HEALTHY COMMUNITIES	-570	25,766	194.07
194.08	07958	CRHP	-343,045	117,041	194.08
194.09	07959	NEUROPSYCH PART B	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,170,883	253,174,052	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet Non-CMS W Date/Time Prepared: 7/24/2020 4:05 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	XRAY EDUCATION	02301		23.01
23.02	PHARMACY RESIDENCY PROG	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	05402		54.01
54.02	ULTRA SOUND	05404		54.02
54.03	MAMMOGRAPHY	05405		54.03
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY-PATHOLOGICAL	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ACUPUNCTURE	03020	ACUPUNCTURE	76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	DIABETES CENTER	09001		90.01
90.02	NEUROPSYCH	09002		90.02
90.03	WOUND CENTER	09003		90.03
90.04	HYPERBARIC OXYGEN THERAPY	09004		90.04
90.05	VI MCARE CLINIC	09005		90.05
90.06	MEDIATION MGMT CLINIC	09006		90.06
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00

COST CENTERS USED IN COST REPORT

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet Non-CMS W
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00	WELLNESS COMMUNITY	07950		194.00
194.01	BUILDING RENTALS	07951		194.01
194.02	HOSPICE	07952		194.02
194.03	OUTREACH CLINICS	07953		194.03
194.04	SPEECH - HEARING AIDS	07954		194.04
194.05	NONALLOWABLE MARKETING	07955		194.05
194.06	CRH FOUNDATION	07956		194.06
194.07	HEALTHY COMMUNITIES	07957		194.07
194.08	CRHP	07958		194.08
194.09	NEUROPSYCH PART B	07959		194.09
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
7/24/2020 4:05 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	1,494,006	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	403,060	2.00
	0		0	1,897,066	
C - RECLASS INSURANCE					
1.00	OCCUPATIONAL THERAPY	67.00	0	988	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	673,014	2.00
3.00	AMBULANCE SERVICES	95.00	0	52,033	3.00
4.00	LABORATORY	60.00	0	4,088	4.00
	0		0	730,123	
D - RECLASS BILLING COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,036,451	239,912	1.00
	0		1,036,451	239,912	
E - RECLASS HYPERBARIC THERAPY EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	108,076	62,272	1.00
	0		108,076	62,272	
F - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,330,543	736,703	1.00
	0		1,330,543	736,703	
G - RECLASS WELLNESS					
1.00	WELLNESS COMMUNITY	194.00	182,371	40,655	1.00
	0		182,371	40,655	
H - RECLASS PHYSICIAN FEES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,000	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,576,921	2.00
4.00	SUBPROVIDER - IRF	41.00	0	231,150	4.00
5.00	OPERATING ROOM	50.00	0	863,100	5.00
6.00	ANESTHESIOLOGY	53.00	0	60,000	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	63,750	7.00
9.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	9.00
10.00	RESPIRATORY THERAPY	65.00	0	25,000	10.00
11.00	PHYSICAL THERAPY	66.00	0	50,000	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	58,600	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,750	13.00
16.00	AMBULANCE SERVICES	95.00	0	17,500	16.00
17.00	WOUND CENTER	90.03	0	39,632	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	2,368	18.00
19.00	EMERGENCY	91.00	0	1,933,172	19.00
	0		0	5,205,943	
I - RECLASS REHAB SERVICES					
1.00	OCCUPATIONAL THERAPY	67.00	20,369	6,582	1.00
2.00	PHYSICAL THERAPY	66.00	19,484	5,884	2.00
3.00	SPEECH PATHOLOGY	68.00	17,042	3,405	3.00
4.00	SUBPROVIDER - IRF	41.00	147,418	7,061	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	9,922	3,531	5.00
6.00	SOCIAL SERVICE	17.00	1,654	588	6.00
7.00	ADULTS & PEDIATRICS	30.00	17,040	5,884	7.00
8.00	NEUROPSYCH	90.02	3,307	1,177	8.00
9.00	WOUND CENTER	90.03	0	508	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	0	230	10.00
11.00	WELLNESS COMMUNITY	194.00	3,307	1,177	11.00
	0		239,543	36,027	
J - RECLASS PHARMACY RES PROGRAM					
1.00	PHARMACY RESIDENCY PROG	23.02	174,917	0	1.00
2.00	PHARMACY RESIDENCY PROG	23.02	0	2,161	2.00
3.00	PHARMACY RESIDENCY PROG	23.02	0	1,655	3.00
	0		174,917	3,816	
K - RECLASS RENT EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,370	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	249,778	2.00
3.00	OPERATION OF PLANT	7.00	0	125,554	3.00
4.00	XRAY EDUCATION	23.01	0	11,860	4.00
5.00	MAMMOGRAPHY	54.03	0	130,849	5.00
6.00	LABORATORY	60.00	0	14,909	6.00
7.00	PHYSICAL THERAPY	66.00	0	370,117	7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	151,242	8.00
9.00	SPEECH PATHOLOGY	68.00	0	66,295	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	127,536	10.00
11.00	WOUND CENTER	90.03	0	99,589	11.00
12.00	HYPERBARIC OXYGEN THERAPY	90.04	0	54,863	12.00
13.00	AMBULANCE SERVICES	95.00	0	15,000	13.00
14.00	WELLNESS COMMUNITY	194.00	0	69,244	14.00
15.00	CRHP	194.08	0	460,086	15.00
	0		0	1,960,292	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

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Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
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	13,777,060	1.00	
	O		0	13,777,060		
N - RECLASS MAINTENANCE EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	0	7,350	1.00	
2.00	ELECTROCARDIOLOGY	69.00	0	5,280	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	205,190	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	95,372	4.00	
5.00	OPERATING ROOM	50.00	0	258,011	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	682,185	6.00	
7.00	LABORATORY	60.00	0	194,254	7.00	
8.00	LABORATORY-PATHOLOGICAL	60.01	0	12,450	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	5,055	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	225,174	10.00	
11.00	MAMMOGRAPHY	54.03	0	273,388	11.00	
12.00	ULTRASOUND	54.02	0	90,416	12.00	
13.00	CT SCAN	57.00	0	189,513	13.00	
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	170,024	14.00	
15.00	MRI	58.00	0	132,485	15.00	
16.00	PHARMACY	15.00	0	46,682	16.00	
17.00	EMERGENCY	91.00	0	29,922	17.00	
18.00	ADMINISTRATIVE & GENERAL	5.00	0	15,443	18.00	
19.00	ANESTHESIOLOGY	53.00	0	3,125	19.00	
	O		0	2,641,319		
O - RECLASS DIRECTOR PHARMACY						
1.00	EMERGENCY	91.00	101,124	0	1.00	
2.00	RESPIRATORY THERAPY	65.00	50,562	0	2.00	
3.00	AMBULANCE SERVICES	95.00	50,562	0	3.00	
	O		202,248	0		
Q - RECLASS XRAY EDUCATION EXPENSES						
1.00	XRAY EDUCATION	23.01	185	0	1.00	
2.00	XRAY EDUCATION	23.01	63	0	2.00	
3.00	XRAY EDUCATION	23.01	0	13,367	3.00	
4.00	XRAY EDUCATION	23.01	335,962	2,725	4.00	
	O		336,210	16,092		
S - RECLASS NON ALLOW ADVERTISING COSTS						
1.00	NONALLOWABLE MARKETING	194.05	0	655,842	1.00	
	O		0	655,842		
U - RECLASS CHARGEABLE SUPPLY COST						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	255,979	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	142,127	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,354	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,044	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,863,084	5.00	
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,726,725	6.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	149,469	8.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,125	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	128,748	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,308	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,657	13.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,625,511	15.00	
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,931,547	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	60,085	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,420	18.00	
19.00	SPEECH - HEARING AIDS	194.04	0	186,874	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,097	20.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,496		22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,231		23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,839		24.00
			0	16,203,720		
V - RECL PTO COST FOR STD ELIMINATION PD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	458		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,302		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,744		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,041		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,298		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,469		6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41,253		7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,892		8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,622		9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	157,438		10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,698		11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,021		12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,667		13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,489		14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,816		15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,841		16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,184		17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	581		18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,682		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,257		20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,779		21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,725		22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,266		23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,001		24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,584		25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,784		26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,895		27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,369		28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,946		29.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	285		31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,675		32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,041		33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,069		34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	410		35.00
			0	561,582		
X - RECLASS OT SALARIES AND OTHER EXP						
1.00	OCCUPATIONAL THERAPY	67.00	535,909	48,388		1.00
			535,909	48,388		
Z - RECLASS LAB BLOOD SUPERVISOR						
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	60,583	0		1.00
			60,583	0		
WA - RECLASS CONTRACT LABOR BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	369,894		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	158,734		2.00
3.00	OPERATING ROOM	50.00	0	1,685,158		3.00
4.00	RECOVERY ROOM	51.00	0	252,101		4.00
	TOTALS		0	2,465,887		
WB - RECLASS SALARIES TO HOME DEPT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	20,955	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	50,183	0		2.00
3.00	OPERATING ROOM	50.00	7,565	0		3.00
4.00	RECOVERY ROOM	51.00	1,440	0		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	964	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	1,323	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	365	0		7.00
8.00	OPERATING ROOM	50.00	4,592	0		8.00
9.00	RECOVERY ROOM	51.00	608	0		9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7	0		10.00
11.00	OPERATION OF PLANT	7.00	5,821	0		11.00
12.00	HOUSEKEEPING	9.00	1,769	0		12.00
13.00	DIETARY	10.00	1,067	0		13.00
14.00	CAFETERIA	11.00	1,775	0		14.00
15.00	NURSING ADMINISTRATION	13.00	14,633	0		15.00
16.00	PHARMACY	15.00	5,566	0		16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	1,863	0		17.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	SOCIAL SERVICE	17.00	2,186	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	10,188	0	19.00
20.00	INTENSIVE CARE UNIT	31.00	1,795	0	20.00
21.00	OPERATING ROOM	50.00	2,402	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	3,425	0	22.00
23.00	MAMMOGRAPHY	54.03	2,072	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	5,751	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	2,118	0	25.00
26.00	LABORATORY	60.00	8,002	0	26.00
27.00	RESPIRATORY THERAPY	65.00	1,770	0	27.00
28.00	PHYSICAL THERAPY	66.00	17,394	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	1,882	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	1,460	0	30.00
31.00	CLINIC	90.00	22,292	0	31.00
32.00	WOUND CENTER	90.03	1,597	0	32.00
33.00	EMERGENCY	91.00	3,995	0	33.00
34.00	AMBULANCE SERVICES	95.00	1,712	0	34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	11,688	0	35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	1,000	0	36.00
37.00	HOUSEKEEPING	9.00	500	0	37.00
38.00	DIETARY	10.00	375	0	38.00
39.00	CAFETERIA	11.00	625	0	39.00
40.00	NURSING ADMINISTRATION	13.00	16,005	0	40.00
41.00	MEDICAL RECORDS & LIBRARY	16.00	500	0	41.00
42.00	ADULTS & PEDIATRICS	30.00	16,384	0	42.00
43.00	INTENSIVE CARE UNIT	31.00	2,447	0	43.00
44.00	RADIOLOGY-DIAGNOSTIC	54.00	250	0	44.00
45.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	250	0	45.00
46.00	LABORATORY	60.00	5,228	0	46.00
47.00	ELECTROCARDIOLOGY	69.00	250	0	47.00
48.00	EMERGENCY	91.00	500	0	48.00
49.00	AMBULANCE SERVICES	95.00	250	0	49.00
50.00	WELLNESS COMMUNITY	194.00	1,119	0	50.00
	TOTALS		267,908	0	
WC - RECLASS SEVERANCE PAY					
1.00	NURSING ADMINISTRATION	13.00	139,174	0	1.00
2.00	MAMMOGRAPHY	54.03	36,410	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	29,729	0	3.00
4.00	AMBULANCE SERVICES	95.00	16,247	0	4.00
	TOTALS		221,560	0	
500.00	Grand Total: Increases		4,696,319	47,422,699	500.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

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Date/Time Prepared:
7/24/2020 4:05 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	1,494,006	11		1.00
2.00	INTEREST EXPENSE	113.00	0	403,060	11		2.00
	O		0	1,897,066			
C - RECLASS INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	988	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	673,014	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	52,033	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	4,088	0		4.00
	O		0	730,123			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,036,451	239,912	0		1.00
	O		1,036,451	239,912			
E - RECLASS HYPERBARIC THERAPY EXPENSE							
1.00	WOUND CENTER	90.03	108,076	62,272	0		1.00
	O		108,076	62,272			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,330,543	736,703	0		1.00
	O		1,330,543	736,703			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	182,371	40,655	0		1.00
	O		182,371	40,655			
H - RECLASS PHYSICIAN FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	50,000	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,576,921	0		2.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	231,150	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	863,100	0		5.00
6.00	OPERATING ROOM	50.00	0	60,000	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	63,750	0		7.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	225,000	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	25,000	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	50,000	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	58,600	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	9,750	0		13.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	17,500	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	39,632	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	2,368	0		18.00
19.00	OPERATING ROOM	50.00	0	1,933,172	0		19.00
	O		0	5,205,943			
I - RECLASS REHAB SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	20,369	6,582	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	19,484	5,884	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	17,042	3,405	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	147,418	7,061	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	9,922	3,531	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	1,654	588	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	17,040	5,884	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	3,307	1,177	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	508	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	230	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	3,307	1,177	0		11.00
	O		239,543	36,027			
J - RECLASS PHARMACY RES PROGRAM							
1.00	PHARMACY	15.00	174,917	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,161	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,655	0		3.00
	O		174,917	3,816			
K - RECLASS RENT EXPENSE							
1.00	BUILDING RENTALS	194.01	0	13,370	0		1.00
2.00	BUILDING RENTALS	194.01	0	249,778	0		2.00
3.00	BUILDING RENTALS	194.01	0	125,554	0		3.00
4.00	BUILDING RENTALS	194.01	0	11,860	0		4.00
5.00	BUILDING RENTALS	194.01	0	130,849	0		5.00
6.00	BUILDING RENTALS	194.01	0	14,909	0		6.00
7.00	BUILDING RENTALS	194.01	0	370,117	0		7.00
8.00	BUILDING RENTALS	194.01	0	151,242	0		8.00
9.00	BUILDING RENTALS	194.01	0	66,295	0		9.00
10.00	BUILDING RENTALS	194.01	0	127,536	0		10.00
11.00	BUILDING RENTALS	194.01	0	99,589	0		11.00
12.00	BUILDING RENTALS	194.01	0	54,863	0		12.00
13.00	BUILDING RENTALS	194.01	0	15,000	0		13.00
14.00	BUILDING RENTALS	194.01	0	69,244	0		14.00
15.00	BUILDING RENTALS	194.01	0	460,086	0		15.00
	O		0	1,960,292			

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
7/24/2020 4:05 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
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	13,777,060	9		1.00
	O		0	13,777,060			
N - RECLASS MAINTENANCE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	7,350	0		1.00
2.00	OPERATION OF PLANT	7.00	0	5,280	0		2.00
3.00	OPERATION OF PLANT	7.00	0	205,190	0		3.00
4.00	OPERATION OF PLANT	7.00	0	95,372	0		4.00
5.00	OPERATION OF PLANT	7.00	0	258,011	0		5.00
6.00	OPERATION OF PLANT	7.00	0	682,185	0		6.00
7.00	OPERATION OF PLANT	7.00	0	194,254	0		7.00
8.00	OPERATION OF PLANT	7.00	0	12,450	0		8.00
9.00	OPERATION OF PLANT	7.00	0	5,055	0		9.00
10.00	OPERATION OF PLANT	7.00	0	225,174	0		10.00
11.00	OPERATION OF PLANT	7.00	0	273,388	0		11.00
12.00	OPERATION OF PLANT	7.00	0	90,416	0		12.00
13.00	OPERATION OF PLANT	7.00	0	189,513	0		13.00
14.00	OPERATION OF PLANT	7.00	0	170,024	0		14.00
15.00	OPERATION OF PLANT	7.00	0	132,485	0		15.00
16.00	OPERATION OF PLANT	7.00	0	46,682	0		16.00
17.00	OPERATION OF PLANT	7.00	0	29,922	0		17.00
18.00	OPERATION OF PLANT	7.00	0	15,443	0		18.00
19.00	OPERATION OF PLANT	7.00	0	3,125	0		19.00
	O		0	2,641,319			
O - RECLASS DIRECTOR PHARMACY							
1.00	PHARMACY	15.00	101,124	0	0		1.00
2.00	PHARMACY	15.00	50,562	0	0		2.00
3.00	PHARMACY	15.00	50,562	0	0		3.00
	O		202,248	0			
Q - RECLASS XRAY EDUCATION EXPENSES							
1.00	MRI	58.00	185	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	63	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,367	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	335,962	2,725	0		4.00
	O		336,210	16,092			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	655,842	0		1.00
	O		0	655,842			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	255,979	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	142,127	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	4,354	0		3.00
4.00	NURSERY	43.00	0	4,044	0		4.00
5.00	OPERATING ROOM	50.00	0	3,863,084	0		5.00
6.00	OPERATING ROOM	50.00	0	7,726,725	0		6.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	149,469	0		8.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,125	0		10.00
11.00	MAMMOGRAPHY	54.03	0	128,748	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	29,308	0		12.00
13.00	CT SCAN	57.00	0	17,657	0		13.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,625,511	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,931,547	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	60,085	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	14,420	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	186,874	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	1,097	0		20.00
22.00	EMERGENCY	91.00	0	35,496	0		22.00
23.00	AMBULANCE SERVICES	95.00	0	23,231	0		23.00
24.00	VIHCARE CLINIC	90.05	0	2,839	0		24.00
	O		0	16,203,720			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	458	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	50,302	0	0		2.00
3.00	OPERATION OF PLANT	7.00	17,744	0	0		3.00
4.00	HOUSEKEEPING	9.00	10,041	0	0		4.00
5.00	DIETARY	10.00	9,298	0	0		5.00
6.00	CAFETERIA	11.00	15,469	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	41,253	0	0		7.00
8.00	PHARMACY	15.00	6,892	0	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	11,622	0	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	157,438	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
7/24/2020 4:05 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
11.00	INTENSIVE CARE UNIT	31.00	9,698	0	0		11.00
12.00	SUBPROVIDER - IRF	41.00	11,021	0	0		12.00
13.00	NURSERY	43.00	8,667	0	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	24,489	0	0		14.00
15.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	4,816	0	0		15.00
16.00	ULTRASOUND	54.02	2,841	0	0		16.00
17.00	MAMMOGRAPHY	54.03	13,184	0	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	581	0	0		18.00
19.00	CT SCAN	57.00	1,682	0	0		19.00
20.00	MRI	58.00	1,257	0	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	18,779	0	0		21.00
22.00	LABORATORY	60.00	29,725	0	0		22.00
23.00	RESPIRATORY THERAPY	65.00	8,266	0	0		23.00
24.00	PHYSICAL THERAPY	66.00	14,001	0	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	8,584	0	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	1,784	0	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	5,895	0	0		27.00
28.00	CLINIC	90.00	5,369	0	0		28.00
29.00	NEUROPSYCH	90.02	4,946	0	0		29.00
31.00	VIMCARE CLINIC	90.05	285	0	0		31.00
32.00	EMERGENCY	91.00	40,675	0	0		32.00
33.00	AMBULANCE SERVICES	95.00	23,041	0	0		33.00
34.00	WELLNESS COMMUNITY	194.00	1,069	0	0		34.00
35.00	WOUND CENTER	90.03	410	0	0		35.00
			561,582	0	0		
X - RECLASS OT SALARIES AND OTHER EXP							
1.00	PHYSICAL THERAPY	66.00	535,909	48,388	0		1.00
			535,909	48,388			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	60,583	0	0		1.00
			60,583	0			
WA - RECLASS CONTRACT LABOR BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	369,894	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	158,734	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,685,158	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	252,101	0		4.00
	TOTALS		0	2,465,887			
WB - RECLASS SALARIES TO HOME DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	20,955	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	50,183	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	7,565	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	1,440	0	0		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	964	0	0		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,323	0	0		6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	365	0	0		7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,592	0	0		8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	608	0	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	7	0	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	5,821	0	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	1,769	0	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	1,067	0	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	1,775	0	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	14,633	0	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	5,566	0	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	1,863	0	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	2,186	0	0		18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	10,188	0	0		19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	1,795	0	0		20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	2,402	0	0		21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	3,425	0	0		22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	2,072	0	0		23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	5,751	0	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	2,118	0	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	8,002	0	0		26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	1,770	0	0		27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	17,394	0	0		28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	1,882	0	0		29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	1,460	0	0		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	22,292	0	0		31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	1,597	0	0		32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	3,995	0	0		33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	1,712	0	0		34.00
35.00	HEALTHY COMMUNITIES	194.07	11,688	0	0		35.00
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,000	0	0		36.00

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
7/24/2020 4:05 pm

		Decreases							
Cost Center		Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00		7.00	8.00	9.00	10.00				
37.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	0	0		37.00	
38.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	375	0	0	0		38.00	
39.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	625	0	0	0		39.00	
40.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,005	0	0	0		40.00	
41.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	0	0		41.00	
42.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,384	0	0	0		42.00	
43.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,447	0	0	0		43.00	
44.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0	0	0		44.00	
45.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0	0	0		45.00	
46.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,228	0	0	0		46.00	
47.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0	0	0		47.00	
48.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	0	0		48.00	
49.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0	0	0		49.00	
50.00	ADMINISTRATIVE & GENERAL	5.00	1,119	0	0	0		50.00	
TOTALS			267,908	0	0	0			
WC - RECLASS SEVERANCE PAY									
1.00	ADMINISTRATIVE & GENERAL	5.00	139,174	0	0	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	36,410	0	0	0		2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	29,729	0	0	0		3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	16,247	0	0	0		4.00	
TOTALS			221,560	0	0	0			
500.00	Grand Total: Decreases		5,257,901	46,861,117				500.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
B - RECLASS DEPREC BLDG/EQUIP									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	1,494,006	INTEREST EXPENSE	113.00	0	1,494,006	1.00
2.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	403,060	INTEREST EXPENSE	113.00	0	403,060	2.00
			0	1,897,066			0	1,897,066	
C - RECLASS INSURANCE									
1.00	OCCUPATI ONAL THERAPY	67.00	0	988	ADMI NI STRATI VE & GENERAL	5.00	0	988	1.00
2.00	CAP REL COSTS-BLDG & FI XT	1.00	0	673,014	ADMI NI STRATI VE & GENERAL	5.00	0	673,014	2.00
3.00	AMBULANCE SERVI CES	95.00	0	52,033	ADMI NI STRATI VE & GENERAL	5.00	0	52,033	3.00
4.00	LABORATORY	60.00	0	4,088	ADMI NI STRATI VE & GENERAL	5.00	0	4,088	4.00
			0	730,123			0	730,123	
D - RECLASS BILLING COST									
1.00	ADMI NI STRATI VE & GENERAL	5.00	1,036,451	239,912	MEDI CAL RECORDS & LI BRARY	16.00	1,036,451	239,912	1.00
			1,036,451	239,912			1,036,451	239,912	
E - RECLASS HYPERBARI C THERAPY EXPENSE									
1.00	HYPERBARI C OXYGEN THERAPY	90.04	108,076	62,272	WOUND CENTER	90.03	108,076	62,272	1.00
			108,076	62,272			108,076	62,272	
F - RECLASS CAFETERIA EXPENSE									
1.00	CAFETERIA	11.00	1,330,543	736,703	DI ETARY	10.00	1,330,543	736,703	1.00
			1,330,543	736,703			1,330,543	736,703	
G - RECLASS WELLNESS									
1.00	WELLNESS COMMUNI TY	194.00	182,371	40,655	EMPLOYEE BENEFIT S DEPARTMENT	4.00	182,371	40,655	1.00
			182,371	40,655			182,371	40,655	
H - RECLASS PHYSICIAN FEES									
1.00	RADI OLOGY-DI AGNOSTI C	54.00	0	50,000	ADMI NI STRATI VE & GENERAL	5.00	0	50,000	1.00
2.00	ADULTS & PEDI ATRI CS	30.00	0	1,576,921	ADMI NI STRATI VE & GENERAL	5.00	0	1,576,921	2.00
4.00	SUBPROVI DER - I RF	41.00	0	231,150	ADMI NI STRATI VE & GENERAL	5.00	0	231,150	4.00
5.00	OPERATI NG ROOM	50.00	0	863,100	ADMI NI STRATI VE & GENERAL	5.00	0	863,100	5.00
6.00	ANESTHESI OLOGY	53.00	0	60,000	OPERATI NG ROOM	50.00	0	60,000	6.00
7.00	RADI OLOGY-THERAPEUTI C	55.00	0	63,750	ADMI NI STRATI VE & GENERAL	5.00	0	63,750	7.00
9.00	LABORATORY-PATHOLOGI C AL	60.01	0	225,000	ADMI NI STRATI VE & GENERAL	5.00	0	225,000	9.00
10.00	RESPI RATORY THERAPY	65.00	0	25,000	ADMI NI STRATI VE & GENERAL	5.00	0	25,000	10.00
11.00	PHYSI CAL THERAPY	66.00	0	50,000	ADMI NI STRATI VE & GENERAL	5.00	0	50,000	11.00
12.00	ELECTROCARDI OLOGY	69.00	0	58,600	ADMI NI STRATI VE & GENERAL	5.00	0	58,600	12.00
13.00	ELECTROENCEPHALOGRAPH Y	70.00	0	9,750	ADMI NI STRATI VE & GENERAL	5.00	0	9,750	13.00
16.00	AMBULANCE SERVI CES	95.00	0	17,500	ADMI NI STRATI VE & GENERAL	5.00	0	17,500	16.00
17.00	WOUND CENTER	90.03	0	39,632	ADMI NI STRATI VE & GENERAL	5.00	0	39,632	17.00
18.00	HYPERBARI C OXYGEN THERAPY	90.04	0	2,368	ADMI NI STRATI VE & GENERAL	5.00	0	2,368	18.00
19.00	EMERGENCY	91.00	0	1,933,172	OPERATI NG ROOM	50.00	0	1,933,172	19.00
			0	5,205,943			0	5,205,943	
I - RECLASS REHAB SERVI CES									
1.00	OCCUPATI ONAL THERAPY	67.00	20,369	6,582	ADMI NI STRATI VE & GENERAL	5.00	20,369	6,582	1.00
2.00	PHYSI CAL THERAPY	66.00	19,484	5,884	ADMI NI STRATI VE & GENERAL	5.00	19,484	5,884	2.00
3.00	SPEECH PATHOLOGY	68.00	17,042	3,405	ADMI NI STRATI VE & GENERAL	5.00	17,042	3,405	3.00
4.00	SUBPROVI DER - I RF	41.00	147,418	7,061	ADMI NI STRATI VE & GENERAL	5.00	147,418	7,061	4.00
5.00	ELECTROENCEPHALOGRAPH Y	70.00	9,922	3,531	ADMI NI STRATI VE & GENERAL	5.00	9,922	3,531	5.00
6.00	SOCI AL SERVI CE	17.00	1,654	588	ADMI NI STRATI VE & GENERAL	5.00	1,654	588	6.00
7.00	ADULTS & PEDI ATRI CS	30.00	17,040	5,884	ADMI NI STRATI VE & GENERAL	5.00	17,040	5,884	7.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
7/24/2020 4:05 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
8.00	NEUROPSYCH	90.02	3,307	1,177	ADMINISTRATIVE & GENERAL	5.00	3,307	1,177	8.00
9.00	WOUND CENTER	90.03	0	508	ADMINISTRATIVE & GENERAL	5.00	0	508	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	0	230	ADMINISTRATIVE & GENERAL	5.00	0	230	10.00
11.00	WELLNESS COMMUNITY	194.00	3,307	1,177	ADMINISTRATIVE & GENERAL	5.00	3,307	1,177	11.00
			239,543	36,027			239,543	36,027	
J - RECLASS PHARMACY RES PROGRAM									
1.00	PHARMACY RESIDENCY PROG	23.02	174,917	0	PHARMACY	15.00	174,917	0	1.00
2.00	PHARMACY RESIDENCY PROG	23.02	0	2,161	ADMINISTRATIVE & GENERAL	5.00	0	2,161	2.00
3.00	PHARMACY RESIDENCY PROG	23.02	0	1,655	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,655	3.00
			174,917	3,816			174,917	3,816	
K - RECLASS RENT EXPENSE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,370	BUILDING RENTALS	194.01	0	13,370	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	249,778	BUILDING RENTALS	194.01	0	249,778	2.00
3.00	OPERATION OF PLANT	7.00	0	125,554	BUILDING RENTALS	194.01	0	125,554	3.00
4.00	XRAY EDUCATION	23.01	0	11,860	BUILDING RENTALS	194.01	0	11,860	4.00
5.00	MAMMOGRAPHY	54.03	0	130,849	BUILDING RENTALS	194.01	0	130,849	5.00
6.00	LABORATORY	60.00	0	14,909	BUILDING RENTALS	194.01	0	14,909	6.00
7.00	PHYSICAL THERAPY	66.00	0	370,117	BUILDING RENTALS	194.01	0	370,117	7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	151,242	BUILDING RENTALS	194.01	0	151,242	8.00
9.00	SPEECH PATHOLOGY	68.00	0	66,295	BUILDING RENTALS	194.01	0	66,295	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	127,536	BUILDING RENTALS	194.01	0	127,536	10.00
11.00	WOUND CENTER	90.03	0	99,589	BUILDING RENTALS	194.01	0	99,589	11.00
12.00	HYPERBARIC OXYGEN THERAPY	90.04	0	54,863	BUILDING RENTALS	194.01	0	54,863	12.00
13.00	AMBULANCE SERVICES	95.00	0	15,000	BUILDING RENTALS	194.01	0	15,000	13.00
14.00	WELLNESS COMMUNITY	194.00	0	69,244	BUILDING RENTALS	194.01	0	69,244	14.00
15.00	CRHP	194.08	0	460,086	BUILDING RENTALS	194.01	0	460,086	15.00
			0	1,960,292			0	1,960,292	
L - RECLASS MARKETING EXPENSE									
1.00	NONALLOWABLE MARKETING	194.05	0	140,000	ADMINISTRATIVE & GENERAL	5.00	0	140,000	1.00
			0	140,000			0	140,000	
M - RECLASS DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,777,060	CAP REL COSTS-BLDG & FIXT	1.00	0	13,777,060	1.00
			0	13,777,060			0	13,777,060	
N - RECLASS MAINTENANCE EXPENSE									
1.00	RESPIRATORY THERAPY	65.00	0	7,350	OPERATION OF PLANT	7.00	0	7,350	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	5,280	OPERATION OF PLANT	7.00	0	5,280	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	205,190	OPERATION OF PLANT	7.00	0	205,190	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	95,372	OPERATION OF PLANT	7.00	0	95,372	4.00
5.00	OPERATING ROOM	50.00	0	258,011	OPERATION OF PLANT	7.00	0	258,011	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	682,185	OPERATION OF PLANT	7.00	0	682,185	6.00
7.00	LABORATORY	60.00	0	194,254	OPERATION OF PLANT	7.00	0	194,254	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	12,450	OPERATION OF PLANT	7.00	0	12,450	8.00
9.00	NURSING	13.00	0	5,055	OPERATION OF PLANT	7.00	0	5,055	9.00
10.00	ADMINISTRATIVE RADIOLOGY-DIAGNOSTIC	54.00	0	225,174	OPERATION OF PLANT	7.00	0	225,174	10.00
11.00	MAMMOGRAPHY	54.03	0	273,388	OPERATION OF PLANT	7.00	0	273,388	11.00
12.00	ULTRA SOUND	54.02	0	90,416	OPERATION OF PLANT	7.00	0	90,416	12.00
13.00	CT SCAN	57.00	0	189,513	OPERATION OF PLANT	7.00	0	189,513	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	170,024	OPERATION OF PLANT	7.00	0	170,024	14.00
15.00	MRI	58.00	0	132,485	OPERATION OF PLANT	7.00	0	132,485	15.00
16.00	PHARMACY	15.00	0	46,682	OPERATION OF PLANT	7.00	0	46,682	16.00
17.00	EMERGENCY	91.00	0	29,922	OPERATION OF PLANT	7.00	0	29,922	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	15,443	OPERATION OF PLANT	7.00	0	15,443	18.00
19.00	ANESTHESIOLOGY	53.00	0	3,125	OPERATION OF PLANT	7.00	0	3,125	19.00
			0	2,641,319			0	2,641,319	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
7/24/2020 4:05 pm

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
Q - RECLASS DIRECTOR PHARMACY									
1.00	EMERGENCY	91.00	101,124		0 PHARMACY	15.00	101,124		0 1.00
2.00	RESPIRATORY THERAPY	65.00	50,562		0 PHARMACY	15.00	50,562		0 2.00
3.00	AMBULANCE SERVICES	95.00	50,562		0 PHARMACY	15.00	50,562		0 3.00
	O		202,248		O		202,248		0
Q - RECLASS XRAY EDUCATION EXPENSES									
1.00	XRAY EDUCATION	23.01	185		0 MRI	58.00	185		0 1.00
2.00	XRAY EDUCATION	23.01	63		0 RESPIRATORY THERAPY	65.00	63		0 2.00
3.00	XRAY EDUCATION	23.01	0	13,367	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,367	3.00
4.00	XRAY EDUCATION	23.01	335,962	2,725	RADIOLOGY-DIAGNOSTIC	54.00	335,962	2,725	4.00
	O		336,210	16,092	O		336,210	16,092	
S - RECLASS NON ALLOW ADVERTISING COSTS									
1.00	NONALLOWABLE MARKETING	194.05	0	655,842	ADMINISTRATIVE & GENERAL	5.00	0	655,842	1.00
	O		0	655,842	O		0	655,842	
U - RECLASS CHARGEABLE SUPPLY COST									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	255,979	ADULTS & PEDIATRICS	30.00	0	255,979	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	142,127	INTENSIVE CARE UNIT	31.00	0	142,127	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,354	SUBPROVIDER - IRF	41.00	0	4,354	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,044	NURSERY	43.00	0	4,044	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,863,084	OPERATING ROOM	50.00	0	3,863,084	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,726,725	OPERATING ROOM	50.00	0	7,726,725	6.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	149,469	RADIOLOGY-DIAGNOSTIC	54.00	0	149,469	8.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,125	ELECTROENCEPHALOGRAPHY	70.00	0	1,125	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	128,748	MAMMOGRAPHY	54.03	0	128,748	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,308	RADIOLOGY-THERAPEUTIC	55.00	0	29,308	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,657	CT SCAN	57.00	0	17,657	13.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,625,511	CARDIAC CATHETERIZATION	59.00	0	1,625,511	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,931,547	CARDIAC CATHETERIZATION	59.00	0	1,931,547	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	60,085	RESPIRATORY THERAPY	65.00	0	60,085	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,420	PHYSICAL THERAPY	66.00	0	14,420	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	186,874	SPEECH PATHOLOGY	68.00	0	186,874	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,097	OCCUPATIONAL THERAPY	67.00	0	1,097	20.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,496	EMERGENCY	91.00	0	35,496	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,231	AMBULANCE SERVICES	95.00	0	23,231	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,839	WICARE CLINIC	90.05	0	2,839	24.00
	O		0	16,203,720	O		0	16,203,720	
V - RECL PTO COST FOR STD ELIMINATION PD									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	458	EMPLOYEE BENEFITS DEPARTMENT	4.00	458	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,302	ADMINISTRATIVE & GENERAL	5.00	50,302	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,744	OPERATION OF PLANT	7.00	17,744	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,041	HOUSEKEEPING	9.00	10,041	0	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,298	DIETARY	10.00	9,298	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,469	CAFETERIA	11.00	15,469	0	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41,253	NURSING ADMINISTRATION	13.00	41,253	0	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,892	PHARMACY	15.00	6,892	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,622	MEDICAL RECORDS & LIBRARY	16.00	11,622	0	9.00

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	157,438	ADULTS & PEDIATRICS	30.00	157,438	0	10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,698	INTENSIVE CARE UNIT	31.00	9,698	0	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,021	SUBPROVIDER - IIRF	41.00	11,021	0	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,667	NURSERY	43.00	8,667	0	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,489	RADIOLOGY-DIAGNOSTIC	54.00	24,489	0	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,816	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	4,816	0	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,841	ULTRASOUND	54.02	2,841	0	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,184	MAMMOGRAPHY	54.03	13,184	0	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	581	RADIOLOGY-THERAPEUTIC	55.00	581	0	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,682	CT SCAN	57.00	1,682	0	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,257	MRI	58.00	1,257	0	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,779	CARDIAC CATHETERIZATION	59.00	18,779	0	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,725	LABORATORY	60.00	29,725	0	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,266	RESPIRATORY THERAPY	65.00	8,266	0	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,001	PHYSICAL THERAPY	66.00	14,001	0	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,584	OCCUPATIONAL THERAPY	67.00	8,584	0	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,784	ELECTROCARDIOLOGY	69.00	1,784	0	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,895	ELECTROENCEPHALOGRAPHY	70.00	5,895	0	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,369	CLINIC	90.00	5,369	0	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,946	NEUROPSYCH	90.02	4,946	0	29.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	285	VIMCARE CLINIC	90.05	285	0	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,675	EMERGENCY	91.00	40,675	0	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,041	AMBULANCE SERVICES	95.00	23,041	0	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,069	WELLNESS COMMUNITY	194.00	1,069	0	34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	410	WOUND CENTER	90.03	410	0	35.00
0			0	561,582			561,582	0	
X - RECLASS OT SALARIES AND OTHER EXP									
1.00	OCCUPATIONAL THERAPY	67.00	535,909	48,388	PHYSICAL THERAPY	66.00	535,909	48,388	1.00
0			535,909	48,388	0		535,909	48,388	
Z - RECLASS LAB BLOOD SUPERVISOR									
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	60,583	0	LABORATORY	60.00	60,583	0	1.00
0			60,583	0	0		60,583	0	
WA - RECLASS CONTRACT LABOR BENEFITS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	369,894	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	369,894	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	158,734	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	158,734	2.00
3.00	OPERATING ROOM	50.00	0	1,685,158	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,685,158	3.00
4.00	RECOVERY ROOM	51.00	0	252,101	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	252,101	4.00
	TOTALS		0	2,465,887	TOTALS		0	2,465,887	
WB - RECLASS SALARIES TO HOME DEPT									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	20,955	0	ADMINISTRATIVE & GENERAL	5.00	20,955	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	50,183	0	ADMINISTRATIVE & GENERAL	5.00	50,183	0	2.00
3.00	OPERATING ROOM	50.00	7,565	0	ADMINISTRATIVE & GENERAL	5.00	7,565	0	3.00

Increases					Decreases					
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00		
4.00	RECOVERY ROOM	51.00	1,440		0	ADMINISTRATIVE & GENERAL	5.00	1,440	0	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	964		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	964	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	1,323		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,323	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	365		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	365	0	7.00
8.00	OPERATING ROOM	50.00	4,592		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,592	0	8.00
9.00	RECOVERY ROOM	51.00	608		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	608	0	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7		0	ADMINISTRATIVE & GENERAL	5.00	7	0	10.00
11.00	OPERATION OF PLANT	7.00	5,821		0	ADMINISTRATIVE & GENERAL	5.00	5,821	0	11.00
12.00	HOUSEKEEPING	9.00	1,769		0	ADMINISTRATIVE & GENERAL	5.00	1,769	0	12.00
13.00	DIETARY	10.00	1,067		0	ADMINISTRATIVE & GENERAL	5.00	1,067	0	13.00
14.00	CAFETERIA	11.00	1,775		0	ADMINISTRATIVE & GENERAL	5.00	1,775	0	14.00
15.00	NURSING ADMINISTRATION	13.00	14,633		0	ADMINISTRATIVE & GENERAL	5.00	14,633	0	15.00
16.00	PHARMACY	15.00	5,566		0	ADMINISTRATIVE & GENERAL	5.00	5,566	0	16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	1,863		0	ADMINISTRATIVE & GENERAL	5.00	1,863	0	17.00
18.00	SOCIAL SERVICE	17.00	2,186		0	ADMINISTRATIVE & GENERAL	5.00	2,186	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	10,188		0	ADMINISTRATIVE & GENERAL	5.00	10,188	0	19.00
20.00	INTENSIVE CARE UNIT	31.00	1,795		0	ADMINISTRATIVE & GENERAL	5.00	1,795	0	20.00
21.00	OPERATING ROOM	50.00	2,402		0	ADMINISTRATIVE & GENERAL	5.00	2,402	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	3,425		0	ADMINISTRATIVE & GENERAL	5.00	3,425	0	22.00
23.00	MAMMOGRAPHY	54.03	2,072		0	ADMINISTRATIVE & GENERAL	5.00	2,072	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	5,751		0	ADMINISTRATIVE & GENERAL	5.00	5,751	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	2,118		0	ADMINISTRATIVE & GENERAL	5.00	2,118	0	25.00
26.00	LABORATORY	60.00	8,002		0	ADMINISTRATIVE & GENERAL	5.00	8,002	0	26.00
27.00	RESPIRATORY THERAPY	65.00	1,770		0	ADMINISTRATIVE & GENERAL	5.00	1,770	0	27.00
28.00	PHYSICAL THERAPY	66.00	17,394		0	ADMINISTRATIVE & GENERAL	5.00	17,394	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	1,882		0	ADMINISTRATIVE & GENERAL	5.00	1,882	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	1,460		0	ADMINISTRATIVE & GENERAL	5.00	1,460	0	30.00
31.00	CLINIC	90.00	22,292		0	ADMINISTRATIVE & GENERAL	5.00	22,292	0	31.00
32.00	WOUND CENTER	90.03	1,597		0	ADMINISTRATIVE & GENERAL	5.00	1,597	0	32.00
33.00	EMERGENCY	91.00	3,995		0	ADMINISTRATIVE & GENERAL	5.00	3,995	0	33.00
34.00	AMBULANCE SERVICES	95.00	1,712		0	ADMINISTRATIVE & GENERAL	5.00	1,712	0	34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	11,688		0	HEALTHY COMMUNITIES	194.07	11,688	0	35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	1,000		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,000	0	36.00
37.00	HOUSEKEEPING	9.00	500		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	37.00
38.00	DIETARY	10.00	375		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	375	0	38.00
39.00	CAFETERIA	11.00	625		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	625	0	39.00
40.00	NURSING ADMINISTRATION	13.00	16,005		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,005	0	40.00
41.00	MEDICAL RECORDS & LIBRARY	16.00	500		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	41.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
7/24/2020 4:05 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
42.00	ADULTS & PEDIATRICS	30.00	16,384		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,384	0
43.00	INTENSIVE CARE UNIT	31.00	2,447		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,447	0
44.00	RADIOLOGY-DIAGNOSTIC	54.00	250		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0
45.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	250		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0
46.00	LABORATORY	60.00	5,228		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,228	0
47.00	ELECTROCARDIOLOGY	69.00	250		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0
48.00	EMERGENCY	91.00	500		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0
49.00	AMBULANCE SERVICES	95.00	250		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	250	0
50.00	WELLNESS COMMUNITY	194.00	1,119		0	ADMINISTRATIVE & GENERAL	5.00	1,119	0
TOTALS			267,908		0	TOTALS		267,908	0
WC - RECLASS SEVERANCE PAY									
1.00	NURSING ADMINISTRATION	13.00	139,174		0	ADMINISTRATIVE & GENERAL	5.00	139,174	0
2.00	MAMMOGRAPHY	54.03	36,410		0	ADMINISTRATIVE & GENERAL	5.00	36,410	0
3.00	RADIOLOGY-THERAPEUTIC	55.00	29,729		0	ADMINISTRATIVE & GENERAL	5.00	29,729	0
4.00	AMBULANCE SERVICES	95.00	16,247		0	ADMINISTRATIVE & GENERAL	5.00	16,247	0
TOTALS			221,560		0	TOTALS		221,560	0
500.00	Grand Total : Increases		4,696,319	47,422,699	Grand Total : Decreases		5,257,901	46,861,117	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part I
Date/Time Prepared:
7/24/2020 4:05 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,976,052	34,300	0	34,300	0 1.00
2.00	Land Improvements	20,873,669	109,227	0	109,227	0 2.00
3.00	Buildings and Fixtures	101,372,271	816,010	0	816,010	0 3.00
4.00	Building Improvements	105,874,161	700,017	0	700,017	0 4.00
5.00	Fixed Equipment	9,493,916	111,628	0	111,628	18,095 5.00
6.00	Movable Equipment	155,013,732	21,135,795	0	21,135,795	4,533,755 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	394,603,801	22,906,977	0	22,906,977	4,551,850 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	394,603,801	22,906,977	0	22,906,977	4,551,850 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,010,352	0			0 1.00
2.00	Land Improvements	20,982,896	0			0 2.00
3.00	Buildings and Fixtures	102,188,281	0			0 3.00
4.00	Building Improvements	106,574,178	0			0 4.00
5.00	Fixed Equipment	9,587,449	0			0 5.00
6.00	Movable Equipment	171,615,772	0			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	412,958,928	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	412,958,928	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part II
Date/Time Prepared:
7/24/2020 4:05 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	22,732,376	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)	22,732,376	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	22,732,376				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	22,732,376				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part III
Date/Time Prepared:
7/24/2020 4:05 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	241,343,156	0	241,343,156	0.584424	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	171,615,772	0	171,615,772	0.415576	0	2.00
3.00	Total (sum of lines 1-2)	412,958,928	0	412,958,928	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	8,968,255	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,675,307	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,643,562	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	1,189,815	673,014	0	0	10,831,084	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	173,609	0	0	0	13,848,916	2.00
3.00	Total (sum of lines 1-2)	1,363,424	673,014	0	0	24,680,000	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/24/2020 4:05 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-304,191	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-44,372	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	-98,548	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-35,321	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	-143,895	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-10,380	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	0	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,679,078			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	-746,016			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-801,515	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-12,428	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-24,553	XRAY EDUCATION	23.01	0	19.00
20.00	Vending machines	B	0	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
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE SERVICES	B	-300	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/24/2020 4:05 pm

34.00	DEPR PAT PHONES NEW EQUIP	A	-6,952	Expense Classification on Worksheet A		2.00	9	34.00
				To/From Which the Amount is to be Adjusted				
				Cost Center	Line #			
Cost Center Description		Basis/Code (2)	Amount			Wkst. A-7 Ref.		
		1.00	2.00	3.00	4.00	5.00		
35.00	TV DEPR NEW EQUIP	A	-8,503	CAP REL COSTS-MVBLE EQUIP	2.00	9	35.00	
36.00	CAFETERIA VISITORS	A	-591,374	CAFETERIA	11.00	0	36.00	
37.00	MEALS TO GO	A	-90,845	DIETARY	10.00	0	37.00	
38.00	OPERATING ROOM OTHER REV	B	-729	OPERATING ROOM	50.00	0	38.00	
41.00	BOND AMORTIZATION	A	82,092	CAP REL COSTS-BLDG & FIXT	1.00	9	41.00	
42.00	LAND RENT MOB	B	-2,000	ADMINISTRATIVE & GENERAL	5.00	0	42.00	
43.00	SPEECH THERAPY OTHER REV	B	-586	SPEECH PATHOLOGY	68.00	0	43.00	
44.00	LABORATORY OTHER REVENUE	B	-275	LABORATORY	60.00	0	44.00	
44.01	EMPLOY BENEFITS OTHER REVENUE	B	-23,372	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.01	
45.00	EMERGENCY ROOM OTHER REV	B	-36,242	EMERGENCY	91.00	0	45.00	
45.01	MEDICAL STAFF INCOME	B	-3,975	ADMINISTRATIVE & GENERAL	5.00	0	45.01	
45.02	RADIOLOGY OTHER REVENUE	B	-39,374	RADIOLOGY-DIAGNOSTIC	54.00	0	45.02	
45.03	BREAST FILM COPIES	B	-497	MAMMOGRAPHY	54.03	0	45.03	
45.04	CARDIAC CATH LAB OTHER REVENUE	B	-96,850	CARDIAC CATHETERIZATION	59.00	0	45.04	
45.05	FACILITIES OTHER REVENUE	B	-382,751	OPERATION OF PLANT	7.00	0	45.05	
45.07	RADIATION ONCOLOGY OTHER REVENUE	B	-1,405	RADIOLOGY-THERAPEUTIC	55.00	0	45.07	
45.08	CRHP OTHER REVENUE ADMIN	B	-1,925,362	ADMINISTRATIVE & GENERAL	5.00	0	45.08	
45.09	CRHP OTHER REVENUE BUILDING RENTALS	B	-343,045	CRHP	194.08	0	45.09	
45.10	CRHP OTHER REVENUE EMPLOYEE BENEFITS	B	-336,257	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.10	
45.11	FOOD OTHER REVENUE	B	-1,816	DIETARY	10.00	0	45.11	
45.12	WELLCONNECT OTHER REVENUE	B	-250	ADMINISTRATIVE & GENERAL	5.00	0	45.12	
45.13	PROTECTIVE SERV OTHER REVENUE	B	-8,670	OPERATION OF PLANT	7.00	0	45.13	
45.14	PHARMACY OTHER REVENUE	B	-54,706	PHARMACY	15.00	0	45.14	
45.15	HUMAN RESOURCES OTHER REVENUE	B	-6,105	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.15	
45.16	LACTATION AND PREPARE OTHER REVENUE	B	-3,408	ADULTS & PEDIATRICS	30.00	0	45.16	
45.17	VOLUNTEER OTHER REVENUE	B	-82,781	ADMINISTRATIVE & GENERAL	5.00	0	45.17	
45.18	RENTAL PROPERTIES DEPRECIATION	A	-117,232	CAP REL COSTS-BLDG & FIXT	1.00	9	45.18	
45.19	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	45.19	
45.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.20	
45.21	LOSS ON DISPOSAL DEMOLITION	A	11,218	CAP REL COSTS-BLDG & FIXT	1.00	9	45.21	
45.22	UNALLOWABLE PHYS RECRUITMENT	A	-195,411	ADMINISTRATIVE & GENERAL	5.00	0	45.22	
45.23	DEPRECIATION RELIEF BUILDING	A	30,150	CAP REL COSTS-BLDG & FIXT	1.00	9	45.23	
45.24	DEPRECIATION RELIEF EQUIPMENT	A	-86,298	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.24	
45.25	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	45.25	
45.27	PRIOR YEAR AUDIT ADJUSTMENT	A	6,711	CAP REL COSTS-BLDG & FIXT	1.00	9	45.27	
45.28	NONALLOWABLE INT EXP 1993 BONDS	A	-52,234	CAP REL COSTS-MVBLE EQUIP	2.00	11	45.28	
45.29	NONALLOWABLE INT EXP 2003/2009 BONDS	A	-132,845	CAP REL COSTS-MVBLE EQUIP	2.00	11	45.29	
45.30	UNALLOWABLE AHA MEMBERSHIP DUES	A	-14,494	ADMINISTRATIVE & GENERAL	5.00	0	45.30	
45.31	AMBULANCE SERVICES	B	-646,846	AMBULANCE SERVICES	95.00	0	45.31	
45.33	HEALTHY COMMUNITIES OTHER REVENUE	B	-570	HEALTHY COMMUNITIES	194.07	0	45.33	
45.34	HAF ADJUSTMENT	A	-15,106,397	ADMINISTRATIVE & GENERAL	5.00	0	45.34	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,170,883				50.00	

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/24/2020 4:05 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	4,217,820	4,963,836 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.			4,217,820	4,963,836 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 request 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 MANAGEMENT	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 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/24/2020 4:05 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	-746,016	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-746,016			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 request 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 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
7/24/2020 4:05 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	4,359,859	4,167,209	192,650	211,500	803	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,576,921	1,282,996	293,925	211,500	3,206	2.00
3.00	41.00	SUBPROVIDER - IRF	231,150	0	231,150	211,500	9,370	3.00
4.00	50.00	OPERATING ROOM	2,697,079	125,600	2,571,479	246,400	13,290	4.00
5.00	60.00	LABORATORY	60,000	0	60,000	246,400	564	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	50,000	0	50,000	271,900	358	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	63,750	0	63,750	271,900	298	7.00
8.00	60.01	LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,200	1,500	8.00
9.00	65.00	RESPIRATORY THERAPY	25,000	0	25,000	211,500	163	9.00
10.00	66.00	PHYSICAL THERAPY	50,000	0	50,000	211,500	207	10.00
11.00	69.00	ELECTROCARDIOLOGY	58,600	0	58,600	211,500	227	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	9,750	0	9,750	211,500	97	12.00
13.00	90.02	NEUROPSYCH	200,476	200,476	0	211,500	0	13.00
14.00	90.03	WOUND CENTER	39,632	0	39,632	211,500	183	14.00
15.00	90.04	HYPERBARIC OXYGEN THERAPY	2,368	0	2,368	211,500	11	15.00
16.00	91.00	EMERGENCY	2,351,672	0	2,351,672	211,500	16,891	16.00
17.00	95.00	AMBULANCE SERVICES	17,500	0	17,500	211,500	203	17.00
200.00			12,018,757	5,776,281	6,242,476		47,371	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	81,651	4,083	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	325,995	16,300	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	952,767	47,638	0	0	0	3.00
4.00	50.00	OPERATING ROOM	1,574,354	78,718	0	0	0	4.00
5.00	60.00	LABORATORY	66,812	3,341	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	46,798	2,340	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	38,955	1,948	0	0	0	7.00
8.00	60.01	LABORATORY-PATHOLOGICAL	187,644	9,382	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	16,574	829	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	21,048	1,052	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	23,082	1,154	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	9,863	493	0	0	0	12.00
13.00	90.02	NEUROPSYCH	0	0	0	0	0	13.00
14.00	90.03	WOUND CENTER	18,608	930	0	0	0	14.00
15.00	90.04	HYPERBARIC OXYGEN THERAPY	1,118	56	0	0	0	15.00
16.00	91.00	EMERGENCY	1,717,522	85,876	0	0	0	16.00
17.00	95.00	AMBULANCE SERVICES	20,642	1,032	0	0	0	17.00
200.00			5,103,433	255,172	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	81,651	110,999	4,278,208		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	325,995	0	1,282,996		2.00
3.00	41.00	SUBPROVIDER - IRF	0	952,767	0	0		3.00
4.00	50.00	OPERATING ROOM	0	1,574,354	997,125	1,122,725		4.00
5.00	60.00	LABORATORY	0	66,812	0	0		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	46,798	3,202	3,202		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	38,955	24,795	24,795		7.00
8.00	60.01	LABORATORY-PATHOLOGICAL	0	187,644	37,356	37,356		8.00
9.00	65.00	RESPIRATORY THERAPY	0	16,574	8,426	8,426		9.00
10.00	66.00	PHYSICAL THERAPY	0	21,048	28,952	28,952		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	23,082	35,518	35,518		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	9,863	0	0		12.00
13.00	90.02	NEUROPSYCH	0	0	0	200,476		13.00
14.00	90.03	WOUND CENTER	0	18,608	21,024	21,024		14.00
15.00	90.04	HYPERBARIC OXYGEN THERAPY	0	1,118	1,250	1,250		15.00
16.00	91.00	EMERGENCY	0	1,717,522	634,150	634,150		16.00
17.00	95.00	AMBULANCE SERVICES	0	20,642	0	0		17.00
200.00			0	5,103,433	1,902,797	7,679,078		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 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	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	10,831,084	10,831,084				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	13,848,916		13,848,916			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	28,957,597	183,509	6,174	29,147,280		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	37,308,566	842,018	6,311,201	5,052,590	49,514,375	5.00
7.00 00700 OPERATION OF PLANT	6,455,359	5,415,562	489,781	889,312	13,250,014	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	728,787	11,752	0	12,533	753,072	8.00
9.00 00900 HOUSEKEEPING	2,509,497	76,968	73,904	628,012	3,288,381	9.00
10.00 01000 DIETARY	1,141,940	116,691	16,518	272,833	1,547,982	10.00
11.00 01100 CAFETERIA	661,288	91,718	27,482	453,948	1,234,436	11.00
13.00 01300 NURSING ADMINISTRATION	5,497,199	144,588	40,333	1,611,975	7,294,095	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,107,016	112,937	112,368	410	1,332,731	14.00
15.00 01500 PHARMACY	4,814,048	70,751	153,072	1,068,560	6,106,431	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,574,572	54,206	4,497	363,503	1,996,778	16.00
17.00 01700 SOCIAL SERVICE	597,671	4,481	78	197,597	799,827	17.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	500,002	0	9,548	170,021	679,571	23.01
23.02 02302 PHARMACY RESIDENCY PROG	357,108	5,579	5,224	119,774	487,685	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	17,128,846	1,139,636	279,886	5,007,430	23,555,798	30.00
31.00 03100 INTENSIVE CARE UNIT	3,361,097	162,617	113,777	820,618	4,458,109	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	1,811,598	164,486	17,833	511,272	2,505,189	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	813,368	8,651	17,974	276,658	1,116,651	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	19,028,653	584,375	1,291,829	305,106	21,209,963	50.00
51.00 05100 RECOVERY ROOM	1,307,107	47,261	18,435	747	1,373,550	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	191,658	1,766	4,588	0	198,012	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,201,878	127,568	110,228	526,874	2,966,548	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	2,114,319	49,368	117,870	133,927	2,415,484	54.01
54.02 05404 ULTRA SOUND	586,384	22,317	72,719	152,877	834,297	54.02
54.03 05405 MAMMOGRAPHY	1,248,126	1,499	156,416	269,127	1,675,168	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	2,880,146	117,329	1,082,073	286,806	4,366,354	55.00
57.00 05700 CT SCAN	1,828,709	26,680	122,601	235,830	2,213,820	57.00
58.00 05800 MRI	542,437	13,355	10,005	102,482	668,279	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,742,435	159,248	148,963	590,797	3,641,443	59.00
60.00 06000 LABORATORY	8,409,653	161,355	225,358	1,404,268	10,200,634	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	1,054,095	17,984	13,537	121,974	1,207,590	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	554,005	6,351	1,612	20,874	582,842	62.00
65.00 06500 RESPIRATORY THERAPY	2,362,432	107,788	79,972	688,323	3,238,515	65.00
66.00 06600 PHYSICAL THERAPY	4,340,973	9,141	22,055	1,320,575	5,692,744	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,313,017	3,279	4,915	378,699	1,699,910	67.00
68.00 06800 SPEECH PATHOLOGY	689,053	0	18,271	211,480	918,804	68.00
69.00 06900 ELECTROCARDIOLOGY	1,352,977	20,744	271,258	235,986	1,880,965	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	934,239	0	9,543	242,593	1,186,375	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,358,574	0	0	0	6,358,574	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,658,272	0	0	0	9,658,272	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,149,822	0	0	0	22,149,822	73.00
74.00 07400 RENAL DIALYSIS	813,715	0	62	0	813,777	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	399,884	23,460	10,758	90,367	524,469	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	1,742,114	114,688	27,333	549,154	2,433,289	90.00
90.01 09001 DIABETES CENTER	229,425	11,500	620	32,483	274,028	90.01
90.02 09002 NEUROPSYCH	97,807	1,484	232	29,539	129,062	90.02
90.03 09003 WOUND CENTER	1,372,058	0	2,307	145,000	1,519,365	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	226,559	0	138	37,239	263,936	90.04
90.05 09005 VIMCARE CLINIC	674,649	63,138	6,631	190,045	934,463	90.05
90.06 09006 MEDICATION MGMT CLINIC	288,048	13,607	7,767	98,545	407,967	90.06
91.00 09100 EMERGENCY	8,021,557	267,911	295,983	1,890,786	10,476,237	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 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	4A	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,561,449	119,184	365,832	1,313,267	5,359,732 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					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	251,281,788	10,698,530	12,179,561	29,062,816	249,395,415 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,788	357	0	11,145 190.00
194.00 07950	WELLNESS COMMUNITY	296,804	0	5,984	63,994	366,782 194.00
194.01 07951	BUILDING RENTALS	325,843	0	0	0	325,843 194.01
194.02 07952	HOSPICE	107,509	0	0	0	107,509 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	186,874	0	0	0	186,874 194.04
194.05 07955	NONALLOWABLE MARKETING	795,842	0	0	0	795,842 194.05
194.06 07956	CRH FOUNDATION	36,585	9,541	656	12,548	59,330 194.06
194.07 07957	HEALTHY COMMUNITIES	25,766	17,732	0	7,922	51,420 194.07
194.08 07958	CRHP	117,041	86,732	1,661,142	0	1,864,915 194.08
194.09 07959	NEUROPSYCH PART B	0	7,761	1,216	0	8,977 194.09
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)	253,174,052	10,831,084	13,848,916	29,147,280	253,174,052 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 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	49,514,375					5.00
7.00	00700	OPERATION OF PLANT	3,221,383	16,471,397				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	183,089	44,095	980,256			8.00
9.00	00900	HOUSEKEEPING	799,481	288,786	0	4,376,648		9.00
10.00	01000	DIETARY	376,350	437,828	0	34,730	2,396,890	10.00
11.00	01100	CAFETERIA	300,120	344,127	0	58,346	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,773,362	542,497	0	20,838	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	324,018	423,743	0	52,789	0	14.00
15.00	01500	PHARMACY	1,484,614	265,458	0	36,119	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	485,463	203,381	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	194,456	16,814	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	165,219	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	118,567	20,934	0	2,778	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,726,979	4,275,953	348,049	1,412,114	1,827,805	30.00
31.00	03100	INTENSIVE CARE UNIT	1,083,869	610,142	41,806	70,154	230,132	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	609,069	617,158	40,576	182,679	263,742	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	271,484	32,459	8,782	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	5,156,630	2,192,593	198,824	544,563	7,307	50.00
51.00	05100	RECOVERY ROOM	333,942	177,325	43,982	47,927	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	48,141	6,625	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	721,236	478,638	74,724	98,633	2,139	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	587,260	185,231	0	55,568	0	54.01
54.02	05404	ULTRA SOUND	202,837	83,735	0	18,754	0	54.02
54.03	05405	MAMMOGRAPHY	407,272	5,623	0	43,760	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,061,561	440,222	14,093	60,430	13,293	55.00
57.00	05700	CT SCAN	538,231	100,104	0	10,419	0	57.00
58.00	05800	MRI	162,474	50,108	0	6,251	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	885,319	597,504	58,831	81,962	7,218	59.00
60.00	06000	LABORATORY	2,480,009	605,410	0	81,962	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	293,593	67,478	0	3,473	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	141,702	23,829	0	2,084	0	62.00
65.00	06500	RESPIRATORY THERAPY	787,357	404,423	0	100,022	0	65.00
66.00	06600	PHYSICAL THERAPY	1,384,037	34,296	31,578	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	413,287	12,304	5,486	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	223,382	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	457,306	77,834	0	15,281	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	288,435	0	1,018	669,590	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,545,916	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,348,148	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,385,131	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	197,848	0	0	6,251	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	127,510	88,022	0	1,389	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	591,589	430,312	40,008	60,430	37,724	90.00
90.01	09001	DIABETES CENTER	66,623	43,148	0	695	0	90.01
90.02	09002	NEUROPSYCH	31,378	5,568	0	0	0	90.02
90.03	09003	WOUND CENTER	369,393	0	1,845	0	0	90.03
90.04	09004	HYPERBARIIC OXYGEN THERAPY	64,169	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	227,189	236,897	5,391	195,181	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	99,186	51,054	0	13,197	0	90.06
91.00	09100	EMERGENCY	2,547,014	1,005,212	65,263	357,022	7,530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,303,074	447,182	0	0	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 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)	48,595,702	15,974,052	980,256	4,345,391	2,396,890 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,710	40,476	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	89,173	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	79,220	0	0	0	0 194.01
194.02	07952	HOSPICE	26,138	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	45,433	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	193,487	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	14,424	35,799	0	29,868	0 194.06
194.07	07957	HEALTHY COMMUNITIES	12,501	66,532	0	1,389	0 194.07
194.08	07958	CRHP	453,404	325,420	0	0	0 194.08
194.09	07959	NEUROPSYCH PART B	2,183	29,118	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)	49,514,375	16,471,397	980,256	4,376,648	2,396,890 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 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						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	1,937,029					11.00
13.00	01300	90,715	9,721,507				13.00
14.00	01400	23,123	0	2,156,404			14.00
15.00	01500	58,698	451,819	0	8,403,139		15.00
16.00	01600	64,034	0	0	0	2,749,656	16.00
17.00	01700	14,230	103,889	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	12,451	0	0	0	0	23.01
23.02	02302	5,336	47,011	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	430,452	3,313,683	68,180	6,855	615,472	30.00
31.00	03100	58,698	450,522	4,282	2,690	29,791	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	39,132	302,031	0	275	43,260	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	17,787	142,047	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	204,553	1,450,197	1,945,219	51,472	1,271,191	50.00
51.00	05100	23,123	177,954	0	113	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	41,680	6,814	53.00
54.00	05400	39,132	0	8,947	12,091	0	54.00
54.01	05402	8,894	0	0	105,442	0	54.01
54.02	05404	8,894	0	0	276	0	54.02
54.03	05405	19,566	0	2,894	728	0	54.03
55.00	05500	17,787	0	0	0	21,393	55.00
57.00	05700	17,787	0	0	258,879	0	57.00
58.00	05800	7,115	0	0	35,520	0	58.00
59.00	05900	35,574	279,019	14,439	136,526	32,802	59.00
60.00	06000	142,298	0	0	7,001	124,394	60.00
60.01	06001	10,672	0	0	0	475	60.01
62.00	06200	1,779	0	0	0	0	62.00
65.00	06500	49,804	388,576	4,104	12,851	127,088	65.00
66.00	06600	88,936	0	41,575	980	0	66.00
67.00	06700	23,123	0	0	0	38,824	67.00
68.00	06800	14,230	0	0	0	0	68.00
69.00	06900	16,009	118,370	0	212,728	200,932	69.00
70.00	07000	16,009	0	0	2	172,884	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	7,486,734	0	73.00
74.00	07400	0	0	0	5,032	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	7,115	52,975	0	10	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	42,689	252,525	11,162	127	64,336	90.00
90.01	09001	3,557	0	0	0	0	90.01
90.02	09002	1,779	0	0	0	0	90.02
90.03	09003	10,672	84,781	48,072	1,568	0	90.03
90.04	09004	3,557	24,302	0	0	0	90.04
90.05	09005	17,787	139,460	827	11,214	0	90.05
90.06	09006	5,336	36,749	0	0	0	90.06
91.00	09100	147,634	948,793	6,703	4,301	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	124,511	956,804	0	7,393	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 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 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)	1,924,578	9,721,507	2,156,404	8,402,488	2,749,656
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	7,115	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	651	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	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	5,336	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,937,029	9,721,507	2,156,404	8,403,139	2,749,656

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 7/24/2020 4:05 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	1,129,216			17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	XRAY EDUCATION	0	857,241		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	0	682,311	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	346,927	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	96,936	0	0	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	205,776	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	857,241	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	34,013	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	682,311	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	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	183,668	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	90.03
90.04	09004	HYPERBARIIC OXYGEN THERAPY	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	90.05
90.06	09006	MEDIATION MGMT CLINIC	0	0	0	90.06
91.00	09100	EMERGENCY	261,896	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 pm

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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,129,216	0	857,241	682,311	247,935,038
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54,331	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	463,070	194.00
194.01	07951	BUILDING RENTALS	0	0	0	405,063	194.01
194.02	07952	HOSPICE	0	0	0	134,298	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	232,307	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	989,329	194.05
194.06	07956	CRH FOUNDATION	0	0	0	139,421	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	131,842	194.07
194.08	07958	CRHP	0	0	0	2,643,739	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	45,614	194.09
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,129,216	0	857,241	682,311	253,174,052

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 pm

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 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
7/24/2020 4:05 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	247,935,038	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,331	190.00
194.00	07950	WELLNESS COMMUNITY	0	463,070	194.00
194.01	07951	BUILDING RENTALS	0	405,063	194.01
194.02	07952	HOSPICE	0	134,298	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	232,307	194.04
194.05	07955	NONALLOWABLE MARKETING	0	989,329	194.05
194.06	07956	CRH FOUNDATION	0	139,421	194.06
194.07	07957	HEALTHY COMMUNITIES	0	131,842	194.07
194.08	07958	CRHP	0	2,643,739	194.08
194.09	07959	NEUROPSYCH PART B	0	45,614	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	253,174,052	202.00

COST ALLOCATION STATISTICS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet Non-CMS W
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQ FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DEPR	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SAL	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQ FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	9	LDRY LBS	8.00
9.00	HOUSEKEEPING	10	TIME SPT	9.00
10.00	DIETARY	11	MEALS	10.00
11.00	CAFETERIA	12	FTES	11.00
13.00	NURSING ADMINISTRATION	13	NURS HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	STER SUP	14.00
15.00	PHARMACY	15	DRG COST	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPT	16.00
17.00	SOCIAL SERVICE	17	TIME SPT	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	18	PERCENT	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 7/24/2020 4:05 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	63,184	183,509	6,174	252,867	252,867 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	825,723	842,018	6,311,201	7,978,942	43,846 5.00
7.00 00700	OPERATION OF PLANT	81,065	5,415,562	489,781	5,986,408	7,715 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	11,752	0	11,752	109 8.00
9.00 00900	HOUSEKEEPING	2,328	76,968	73,904	153,200	5,448 9.00
10.00 01000	DIETARY	485	116,691	16,518	133,694	2,367 10.00
11.00 01100	CAFETERIA	0	91,718	27,482	119,200	3,938 11.00
13.00 01300	NURSING ADMINISTRATION	12,539	144,588	40,333	197,460	13,984 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	78	112,937	112,368	225,383	4 14.00
15.00 01500	PHARMACY	4,275	70,751	153,072	228,098	9,270 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,427	54,206	4,497	60,130	3,153 16.00
17.00 01700	SOCIAL SERVICE	689	4,481	78	5,248	1,714 17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	11,860	0	9,548	21,408	1,475 23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	5,579	5,224	10,803	1,039 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	222,709	1,139,636	279,886	1,642,231	43,439 30.00
31.00 03100	INTENSIVE CARE UNIT	12,200	162,617	113,777	288,594	7,119 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	24,087	164,486	17,833	206,406	4,435 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	353	8,651	17,974	26,978	2,400 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	555,712	584,375	1,291,829	2,431,916	2,647 50.00
51.00 05100	RECOVERY ROOM	0	47,261	18,435	65,696	6 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	1,766	4,588	6,354	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,206	127,568	110,228	242,002	4,571 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	24,560	49,368	117,870	191,798	1,162 54.01
54.02 05404	ULTRASOUND	1,223	22,317	72,719	96,259	1,326 54.02
54.03 05405	MAMMOGRAPHY	131,588	1,499	156,416	289,503	2,335 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	3,199	117,329	1,082,073	1,202,601	2,488 55.00
57.00 05700	CT SCAN	0	26,680	122,601	149,281	2,046 57.00
58.00 05800	MRI	375	13,355	10,005	23,735	889 58.00
59.00 05900	CARDIAC CATHETERIZATION	179,699	159,248	148,963	487,910	5,125 59.00
60.00 06000	LABORATORY	25,616	161,355	225,358	412,329	12,182 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	284	17,984	13,537	31,805	1,058 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,351	1,612	7,963	181 62.00
65.00 06500	RESPIRATORY THERAPY	15,145	107,788	79,972	202,905	5,971 65.00
66.00 06600	PHYSICAL THERAPY	331,661	9,141	22,055	362,857	11,456 66.00
67.00 06700	OCCUPATIONAL THERAPY	122,421	3,279	4,915	130,615	3,285 67.00
68.00 06800	SPEECH PATHOLOGY	50,427	0	18,271	68,698	1,835 68.00
69.00 06900	ELECTROCARDIOLOGY	454	20,744	271,258	292,456	2,047 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	146,956	0	9,543	156,499	2,104 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	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	62	62	0 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	757	23,460	10,758	34,975	784 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	280	114,688	27,333	142,301	4,764 90.00
90.01 09001	DIABETES CENTER	0	11,500	620	12,120	282 90.01
90.02 09002	NEUROPSYCH	37	1,484	232	1,753	256 90.02
90.03 09003	WOUND CENTER	81,230	0	2,307	83,537	1,258 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	91,930	0	138	92,068	323 90.04
90.05 09005	VIMCARE CLINIC	769	63,138	6,631	70,538	1,649 90.05
90.06 09006	MEDICATION MGMT CLINIC	0	13,607	7,767	21,374	855 90.06
91.00 09100	EMERGENCY	2,619	267,911	295,983	566,513	16,402 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	28,138	119,184	365,832	513,154	11,392 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)	3,062,288	10,698,530	12,179,561	25,940,379	252,134 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,788	357	11,145	0 190.00
194.00 07950	WELLNESS COMMUNITY	0	0	5,984	5,984	555 194.00
194.01 07951	BUILDING RENTALS	62,192	0	0	62,192	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	9,541	656	10,197	109 194.06
194.07 07957	HEALTHY COMMUNITIES	163	17,732	0	17,895	69 194.07
194.08 07958	CRHP	446,758	86,732	1,661,142	2,194,632	0 194.08
194.09 07959	NEUROPSYCH PART B	0	7,761	1,216	8,977	0 194.09
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	3,571,401	10,831,084	13,848,916	28,251,401	252,867 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 7/24/2020 4:05 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	8,022,788				5.00
7.00	00700	OPERATION OF PLANT	521,958	6,516,081			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	29,666	17,444	58,971		8.00
9.00	00900	HOUSEKEEPING	129,539	114,244	0	402,431	9.00
10.00	01000	DIETARY	60,980	173,205	0	3,193	373,439
11.00	01100	CAFETERIA	48,628	136,137	0	5,365	0
13.00	01300	NURSING ADMINISTRATION	287,336	214,612	0	1,916	0
14.00	01400	CENTRAL SERVICES & SUPPLY	52,500	167,632	0	4,854	0
15.00	01500	PHARMACY	240,551	105,015	0	3,321	0
16.00	01600	MEDICAL RECORDS & LIBRARY	78,659	80,457	0	0	0
17.00	01700	SOCIAL SERVICE	31,508	6,652	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	26,770	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROG	19,211	8,281	0	255	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	927,956	1,691,565	20,939	129,846	284,776
31.00	03100	INTENSIVE CARE UNIT	175,618	241,372	2,515	6,451	35,855
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	98,687	244,147	2,441	16,797	41,091
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	43,988	12,841	528	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	835,524	867,389	11,961	50,072	1,138
51.00	05100	RECOVERY ROOM	54,108	70,150	2,646	4,407	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	7,800	2,621	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,861	189,349	4,495	9,069	333
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	95,153	73,277	0	5,109	0
54.02	05404	ULTRA SOUND	32,865	33,126	0	1,724	0
54.03	05405	MAMMOGRAPHY	65,990	2,225	0	4,024	0
55.00	05500	RADIOLOGY-THERAPEUTIC	172,004	174,152	848	5,556	2,071
57.00	05700	CT SCAN	87,209	39,601	0	958	0
58.00	05800	MRI	26,326	19,823	0	575	0
59.00	05900	CARDIAC CATHETERIZATION	143,447	236,373	3,539	7,536	1,125
60.00	06000	LABORATORY	401,834	239,500	0	7,536	0
60.01	06001	LABORATORY-PATHOLOGICAL	47,571	26,694	0	319	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,960	9,427	0	192	0
65.00	06500	RESPIRATORY THERAPY	127,575	159,990	0	9,197	0
66.00	06600	PHYSICAL THERAPY	224,254	13,567	1,900	0	0
67.00	06700	OCCUPATIONAL THERAPY	66,965	4,868	330	0	0
68.00	06800	SPEECH PATHOLOGY	36,194	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	74,097	30,791	0	1,405	0
70.00	07000	ELECTROENCEPHALOGRAPHY	46,735	0	61	61,569	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,483	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	380,468	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	872,548	0	0	0	0
74.00	07400	RENAL DIALYSIS	32,057	0	0	575	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	20,660	34,822	0	128	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	95,855	170,231	2,407	5,556	5,877
90.01	09001	DIABETES CENTER	10,795	17,069	0	64	0
90.02	09002	NEUROPSYCH	5,084	2,203	0	0	0
90.03	09003	WOUND CENTER	59,852	0	111	0	0
90.04	09004	HYPERBARIIC OXYGEN THERAPY	10,397	0	0	0	0
90.05	09005	VIMCARE CLINIC	36,811	93,716	324	17,947	0
90.06	09006	MEDICATION MGMT CLINIC	16,071	20,197	0	1,213	0
91.00	09100	EMERGENCY	412,690	397,662	3,926	32,828	1,173
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	211,136	176,905	0	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 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
7/24/2020 4:05 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)	7,873,934	6,319,332	58,971	399,557	373,439 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	439	16,012	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	14,449	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	12,836	0	0	0	0 194.01
194.02	07952	HOSPICE	4,235	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	7,362	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	31,351	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	2,337	14,162	0	2,746	0 194.06
194.07	07957	HEALTHY COMMUNITIES	2,026	26,320	0	128	0 194.07
194.08	07958	CRHP	73,465	128,736	0	0	0 194.08
194.09	07959	NEUROPSYCH PART B	354	11,519	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)	8,022,788	6,516,081	58,971	402,431	373,439 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 7/24/2020 4:05 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	313,268					11.00
13.00	01300	NURSING ADMINISTRATION	14,671	729,979				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,740	0	454,113			14.00
15.00	01500	PHARMACY	9,493	33,927	0	629,675		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,356	0	0	0	232,755	16.00
17.00	01700	SOCIAL SERVICE	2,301	7,801	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	2,014	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	863	3,530	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,612	248,822	14,358	514	52,099	30.00
31.00	03100	INTENSIVE CARE UNIT	9,493	33,829	902	202	2,522	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	6,329	22,679	0	21	3,662	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,877	10,666	0	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	33,082	108,894	409,640	3,857	107,604	50.00
51.00	05100	RECOVERY ROOM	3,740	13,362	0	8	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,123	577	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,329	0	1,884	906	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,438	0	0	7,901	0	54.01
54.02	05404	ULTRA SOUND	1,438	0	0	21	0	54.02
54.03	05405	MAMMOGRAPHY	3,164	0	609	55	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,877	0	0	0	1,811	55.00
57.00	05700	CT SCAN	2,877	0	0	19,399	0	57.00
58.00	05800	MRI	1,151	0	0	2,662	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,753	20,951	3,041	10,230	2,777	59.00
60.00	06000	LABORATORY	23,013	0	0	525	10,530	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,726	0	0	0	40	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	288	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	8,055	29,178	864	963	10,758	65.00
66.00	06600	PHYSICAL THERAPY	14,383	0	8,755	73	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,740	0	0	0	3,286	67.00
68.00	06800	SPEECH PATHOLOGY	2,301	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,589	8,888	0	15,941	17,009	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,589	0	0	0	14,634	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	561,005	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	377	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,151	3,978	0	1	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	6,904	18,962	2,351	9	5,446	90.00
90.01	09001	DIABETES CENTER	575	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	288	0	0	0	0	90.02
90.03	09003	WOUND CENTER	1,726	6,366	10,123	117	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	575	1,825	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	2,877	10,472	174	840	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	863	2,759	0	0	0	90.06
91.00	09100	EMERGENCY	23,876	71,244	1,412	322	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,137	71,846	0	554	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 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
7/24/2020 4:05 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)	311,254	729,979	454,113	629,626	232,755
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,151	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	49	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	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	863	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	313,268	729,979	454,113	629,675	232,755

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
7/24/2020 4:05 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	55,224				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0		51,667		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			43,982	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,967			5,143,124	30.00
31.00	03100	INTENSIVE CARE UNIT	4,741			809,213	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 - IPF	0			0	40.00
41.00	04100	SUBPROVIDER - IRF	10,063			656,758	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			100,278	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			4,863,724	50.00
51.00	05100	RECOVERY ROOM	0			214,123	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0			20,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			575,799	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			375,838	54.01
54.02	05404	ULTRA SOUND	0			166,759	54.02
54.03	05405	MAMMOGRAPHY	0			367,905	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,663			1,566,071	55.00
57.00	05700	CT SCAN	0			301,371	57.00
58.00	05800	MRI	0			75,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			927,807	59.00
60.00	06000	LABORATORY	0			1,107,449	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0			109,213	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			41,011	62.00
65.00	06500	RESPIRATORY THERAPY	0			555,456	65.00
66.00	06600	PHYSICAL THERAPY	0			637,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			213,089	67.00
68.00	06800	SPEECH PATHOLOGY	0			109,028	68.00
69.00	06900	ELECTROCARDIOLOGY	0			445,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			284,191	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			250,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			380,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			1,433,553	73.00
74.00	07400	RENAL DIALYSIS	0			33,071	74.00
76.00	03020	ACUPUNCTURE	0			0	76.00
76.97	07697	CARDIAC REHABILITATION	0			96,499	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	8,982			469,645	90.00
90.01	09001	DIABETES CENTER	0			40,905	90.01
90.02	09002	NEUROPSYCH	0			9,584	90.02
90.03	09003	WOUND CENTER	0			163,090	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0			105,188	90.04
90.05	09005	VIMCARE CLINIC	0			235,348	90.05
90.06	09006	MEDIATION MGMT CLINIC	0			63,332	90.06
91.00	09100	EMERGENCY	12,808			1,540,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			1,005,124	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 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		SOCI AL 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	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)	55,224	0	0	0	25,493,457
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			27,596	190.00
194.00	07950	WELLNESS COMMUNITY	0			22,139	194.00
194.01	07951	BUILDING RENTALS	0			75,028	194.01
194.02	07952	HOSPICE	0			4,284	194.02
194.03	07953	OUTREACH CLINICS	0			0	194.03
194.04	07954	SPEECH - HEARING AIDS	0			7,362	194.04
194.05	07955	NONALLOWABLE MARKETING	0			31,351	194.05
194.06	07956	CRH FOUNDATION	0			29,551	194.06
194.07	07957	HEALTHY COMMUNITIES	0			46,438	194.07
194.08	07958	CRHP	0			2,396,833	194.08
194.09	07959	NEUROPSYCH PART B	0			21,713	194.09
200.00		Cross Foot Adjustments		0	51,667	43,982	95,649
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	55,224	0	51,667	43,982	28,251,401

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
7/24/2020 4:05 pm

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	5,143,124	30.00
31.00	03100	INTENSIVE CARE UNIT	809,213	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	656,758	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	100,278	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,863,724	50.00
51.00	05100	RECOVERY ROOM	214,123	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	20,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	575,799	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	375,838	54.01
54.02	05404	ULTRA SOUND	166,759	54.02
54.03	05405	MAMMOGRAPHY	367,905	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,566,071	55.00
57.00	05700	CT SCAN	301,371	57.00
58.00	05800	MRI	75,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	927,807	59.00
60.00	06000	LABORATORY	1,107,449	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	109,213	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	41,011	62.00
65.00	06500	RESPIRATORY THERAPY	555,456	65.00
66.00	06600	PHYSICAL THERAPY	637,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,089	67.00
68.00	06800	SPEECH PATHOLOGY	109,028	68.00
69.00	06900	ELECTROCARDIOLOGY	445,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	284,191	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	380,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,433,553	73.00
74.00	07400	RENAL DIALYSIS	33,071	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	96,499	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	469,645	90.00
90.01	09001	DIABETES CENTER	40,905	90.01
90.02	09002	NEUROPSYCH	9,584	90.02
90.03	09003	WOUND CENTER	163,090	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	105,188	90.04
90.05	09005	VIMCARE CLINIC	235,348	90.05
90.06	09006	MEDICATION MGMT CLINIC	63,332	90.06
91.00	09100	EMERGENCY	1,540,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1,005,124	95.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 7/24/2020 4:05 pm
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
99.10	09910	CORF	25.00	26.00	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	25,493,457	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,596	190.00
194.00	07950	WELLNESS COMMUNITY	0	22,139	194.00
194.01	07951	BUILDING RENTALS	0	75,028	194.01
194.02	07952	HOSPICE	0	4,284	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	7,362	194.04
194.05	07955	NONALLOWABLE MARKETING	0	31,351	194.05
194.06	07956	CRH FOUNDATION	0	29,551	194.06
194.07	07957	HEALTHY COMMUNITIES	0	46,438	194.07
194.08	07958	CRHP	0	2,396,833	194.08
194.09	07959	NEUROPSYCH PART B	0	21,713	194.09
200.00		Cross Foot Adjustments	0	95,649	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	28,251,401	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
7/24/2020 4:05 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		13,777,058			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,367	6,142	84,592,911		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	56,745	6,278,454	14,663,837	-49,514,375	5.00
7.00 00700	OPERATION OF PLANT	364,964	487,240	2,581,014	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	792	0	36,374	0	8.00
9.00 00900	HOUSEKEEPING	5,187	73,521	1,822,654	0	9.00
10.00 01000	DIETARY	7,864	16,432	791,832	0	10.00
11.00 01100	CAFETERIA	6,181	27,339	1,317,474	0	11.00
13.00 01300	NURSING ADMINISTRATION	9,744	40,124	4,678,372	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,611	111,785	1,190	0	14.00
15.00 01500	PHARMACY	4,768	152,278	3,101,241	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,653	4,474	1,054,980	0	16.00
17.00 01700	SOCIAL SERVICE	302	78	573,479	0	17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	0	9,498	493,445	0	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	5,197	347,616	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,802	278,434	14,532,867	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,959	113,187	2,381,648	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 - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	11,085	17,740	1,483,845	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	583	17,881	802,933	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	39,382	1,285,126	885,498	0	50.00
51.00 05100	RECOVERY ROOM	3,185	18,339	2,168	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	119	4,564	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,597	109,656	1,529,127	0	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,327	117,258	388,692	0	54.01
54.02 05404	ULTRASOUND	1,504	72,342	443,690	0	54.02
54.03 05405	MAMMOGRAPHY	101	155,604	781,077	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,907	1,076,458	832,385	0	55.00
57.00 05700	CT SCAN	1,798	121,965	684,439	0	57.00
58.00 05800	MRI	900	9,953	297,430	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,732	148,190	1,714,648	0	59.00
60.00 06000	LABORATORY	10,874	224,189	4,075,552	0	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	13,467	353,999	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	428	1,604	60,583	0	62.00
65.00 06500	RESPIRATORY THERAPY	7,264	79,557	1,997,692	0	65.00
66.00 06600	PHYSICAL THERAPY	616	21,941	3,832,652	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	4,889	1,099,083	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	18,176	613,771	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	269,850	684,893	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	9,493	704,069	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	0	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,581	10,702	262,270	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	7,729	27,191	1,593,788	0	90.00
90.01 09001	DIABETES CENTER	775	617	94,274	0	90.01
90.02 09002	NEUROPSYCH	100	231	85,729	0	90.02
90.03 09003	WOUND CENTER	0	2,295	420,828	0	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	137	108,076	0	90.04
90.05 09005	VIMCARE CLINIC	4,255	6,597	551,560	0	90.05
90.06 09006	MEDICATION MGMT CLINIC	917	7,727	286,004	0	90.06
91.00 09100	EMERGENCY	18,055	294,447	5,487,553	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/24/2020 4:05 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	4.00					
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,032	363,934	3,811,444	0	5,359,732	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)	720,992	12,116,365	84,347,775	-49,514,375	199,881,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	355	0	0	11,145	190.00
194.00	07950	WELLNESS COMMUNITY	0	5,953	185,728	0	366,782	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	325,843	194.01
194.02	07952	HOSPICE	0	0	0	0	107,509	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	186,874	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	795,842	194.05
194.06	07956	CRH FOUNDATION	643	653	36,417	0	59,330	194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	0	22,991	0	51,420	194.07
194.08	07958	CRHP	5,845	1,652,522	0	0	1,864,915	194.08
194.09	07959	NEUROPSYCH PART B	523	1,210	0	0	8,977	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)	10,831,084	13,848,916	29,147,280		49,514,375	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.838626	1.005216	0.344559		0.243123	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			252,867		8,022,788	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002989		0.039393	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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/24/2020 4:05 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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	295,849					7.00
8.00	00800	792	2,047,178				8.00
9.00	00900	5,187	0	6,301			9.00
10.00	01000	7,864	0	50	161,385		10.00
11.00	01100	6,181	0	84	0	1,089	11.00
13.00	01300	9,744	0	30	0	51	13.00
14.00	01400	7,611	0	76	0	13	14.00
15.00	01500	4,768	0	52	0	33	15.00
16.00	01600	3,653	0	0	0	36	16.00
17.00	01700	302	0	0	0	8	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	7	23.01
23.02	02302	376	0	4	0	3	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,802	726,868	2,033	123,068	242	30.00
31.00	03100	10,959	87,308	101	15,495	33	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	11,085	84,740	263	17,758	22	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	18,340	0	0	10	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,382	415,226	784	492	115	50.00
51.00	05100	3,185	91,852	69	0	13	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	119	0	0	0	0	53.00
54.00	05400	8,597	156,054	142	144	22	54.00
54.01	05402	3,327	0	80	0	5	54.01
54.02	05404	1,504	0	27	0	5	54.02
54.03	05405	101	0	63	0	11	54.03
55.00	05500	7,907	29,433	87	895	10	55.00
57.00	05700	1,798	0	15	0	10	57.00
58.00	05800	900	0	9	0	4	58.00
59.00	05900	10,732	122,864	118	486	20	59.00
60.00	06000	10,874	0	118	0	80	60.00
60.01	06001	1,212	0	5	0	6	60.01
62.00	06200	428	0	3	0	1	62.00
65.00	06500	7,264	0	144	0	28	65.00
66.00	06600	616	65,947	0	0	50	66.00
67.00	06700	221	11,457	0	0	13	67.00
68.00	06800	0	0	0	0	8	68.00
69.00	06900	1,398	0	22	0	9	69.00
70.00	07000	0	2,126	964	0	9	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	9	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,581	0	2	0	4	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	7,729	83,554	87	2,540	24	90.00
90.01	09001	775	0	1	0	2	90.01
90.02	09002	100	0	0	0	1	90.02
90.03	09003	0	3,854	0	0	6	90.03
90.04	09004	0	0	0	0	2	90.04
90.05	09005	4,255	11,259	281	0	10	90.05
90.06	09006	917	0	19	0	3	90.06
91.00	09100	18,055	136,296	514	507	83	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	8,032	0	0	0	70	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/24/2020 4:05 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)	286,916	2,047,178	6,256	161,385	1,082
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	643	0	43	0	0
194.07	07957	HEALTHY COMMUNITIES	1,195	0	2	0	0
194.08	07958	CRHP	5,845	0	0	0	0
194.09	07959	NEUROPSYCH PART B	523	0	0	0	3
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)	16,471,397	980,256	4,376,648	2,396,890	1,937,029
203.00		Unit cost multiplier (Wkst. B, Part I)	55.675013	0.478833	694.595778	14.852000	1,778.722681
204.00		Cost to be allocated (per Wkst. B, Part II)	6,516,081	58,971	402,431	373,439	313,268
205.00		Unit cost multiplier (Wkst. B, Part II)	22.025023	0.028806	63.867799	2.313964	287.665748
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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		(NURS HRS)					
		13.00	14.00	15.00	16.00	17.00	
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	1,476,905				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	73,029			14.00
15.00	01500	PHARMACY	68,641	0	24,460,367		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	17,352	16.00
17.00	01700	SOCIAL SERVICE	15,783	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	7,142	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	503,419	2,309	19,954	3,884	204
31.00	03100	INTENSIVE CARE UNIT	68,444	145	7,830	188	57
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	45,885	0	801	273	121
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	21,580	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	220,316	65,877	149,827	8,022	0
51.00	05100	RECOVERY ROOM	27,035	0	329	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	121,326	43	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	303	35,196	0	0
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	306,928	0	0
54.02	05404	ULTRA SOUND	0	0	803	0	0
54.03	05405	MAMMOGRAPHY	0	98	2,120	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	135	20
57.00	05700	CT SCAN	0	0	753,560	0	0
58.00	05800	MRI	0	0	103,395	0	0
59.00	05900	CARDIAC CATHETERIZATION	42,389	489	397,408	207	0
60.00	06000	LABORATORY	0	0	20,379	785	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	3	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	59,033	139	37,408	802	0
66.00	06600	PHYSICAL THERAPY	0	1,408	2,852	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	245	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	17,983	0	619,222	1,268	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7	1,091	0
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	21,792,837	0	0
74.00	07400	RENAL DIALYSIS	0	0	14,647	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	8,048	0	29	0	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	38,364	378	369	406	108
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	0	0	0	0	0
90.03	09003	WOUND CENTER	12,880	1,628	4,563	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	3,692	0	0	0	0
90.05	09005	VIMCARE CLINIC	21,187	28	32,642	0	0
90.06	09006	MEDICATION MGMT CLINIC	5,583	0	0	0	0
91.00	09100	EMERGENCY	144,142	227	12,520	0	154
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	145,359	0	21,520	0	0
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		NURSING ADMINISTRATION (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)	1,476,905	73,029	24,458,472	17,352	664	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	1,895	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)	9,721,507	2,156,404	8,403,139	2,749,656	1,129,216	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.582351	29.528051	0.343541	158.463347	1,700.626506	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	729,979	454,113	629,675	232,755	55,224	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.494263	6.218256	0.025743	13.413728	83.168675	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 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		PARAMED ED 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 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/24/2020 4:05 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	857,241	682,311	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	8,572.410000	6,823.110000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	51,667	43,982	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	516.670000	439.820000	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:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
7/24/2020 4:05 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	41,928,267		41,928,267	0	41,928,267	30.00
31.00	03100 INTENSIVE CARE UNIT	7,137,131		7,137,131	0	7,137,131	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	4,808,887		4,808,887	0	4,808,887	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,589,210		1,589,210	0	1,589,210	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	34,232,512		34,232,512	997,125	35,229,637	50.00
51.00	05100 RECOVERY ROOM	2,177,916		2,177,916	0	2,177,916	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	301,272		301,272	0	301,272	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,259,329		5,259,329	3,202	5,262,531	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,357,879		3,357,879	0	3,357,879	54.01
54.02	05404 ULTRASOUND	1,148,793		1,148,793	0	1,148,793	54.02
54.03	05405 MAMMOGRAPHY	2,155,011		2,155,011	0	2,155,011	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	6,029,146		6,029,146	24,795	6,053,941	55.00
57.00	05700 CT SCAN	3,139,240		3,139,240	0	3,139,240	57.00
58.00	05800 MRI	929,747		929,747	0	929,747	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,770,637		5,770,637	0	5,770,637	59.00
60.00	06000 LABORATORY	13,641,708		13,641,708	0	13,641,708	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,583,281		1,583,281	37,356	1,620,637	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	752,236		752,236	0	752,236	62.00
65.00	06500 RESPIRATORY THERAPY	5,112,740	0	5,112,740	8,426	5,121,166	65.00
66.00	06600 PHYSICAL THERAPY	7,274,146	0	7,274,146	28,952	7,303,098	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,192,934	0	2,192,934	0	2,192,934	67.00
68.00	06800 SPEECH PATHOLOGY	1,156,416	0	1,156,416	0	1,156,416	68.00
69.00	06900 ELECTROCARDIOLOGY	2,979,425		2,979,425	35,518	3,014,943	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,334,313		2,334,313	0	2,334,313	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,904,490		7,904,490	0	7,904,490	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,006,420		12,006,420	0	12,006,420	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	35,703,998		35,703,998	0	35,703,998	73.00
74.00	07400 RENAL DIALYSIS	1,022,908		1,022,908	0	1,022,908	74.00
76.00	03020 ACUPUNCTURE	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	801,490		801,490	0	801,490	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	4,147,859		4,147,859	0	4,147,859	90.00
90.01	09001 DIABETES CENTER	388,051		388,051	0	388,051	90.01
90.02	09002 NEUROPSYCH	167,787		167,787	0	167,787	90.02
90.03	09003 WOUND CENTER	2,035,696		2,035,696	21,024	2,056,720	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	355,964		355,964	1,250	357,214	90.04
90.05	09005 VIMCARE CLINIC	1,768,409		1,768,409	0	1,768,409	90.05
90.06	09006 MEDICATION MGMT CLINIC	613,489		613,489	0	613,489	90.06
91.00	09100 EMERGENCY	15,827,605		15,827,605	634,150	16,461,755	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,701,975		5,701,975	0	5,701,975	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	8,198,696		8,198,696	0	8,198,696	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	253,637,013	0	253,637,013	1,791,798	255,428,811	200.00
201.00	Less Observation Beds	5,701,975		5,701,975	0	5,701,975	201.00
202.00	Total (see instructions)	247,935,038	0	247,935,038	1,791,798	249,726,836	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
7/24/2020 4:05 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	59,406,914		59,406,914		30.00
31.00	03100	INTENSIVE CARE UNIT	13,433,535		13,433,535		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	6,825,783		6,825,783		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,201,046		2,201,046		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,399,316	68,438,660	95,837,976	0.357192	50.00
51.00	05100	RECOVERY ROOM	2,386,005	5,079,734	7,465,739	0.291721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,171,544	9,045,755	14,217,299	0.021191	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,305,167	5,208,919	6,514,086	0.0807378	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	976,213	12,355,644	13,331,857	0.251869	54.01
54.02	05404	ULTRA SOUND	1,207,621	4,742,211	5,949,832	0.193080	54.02
54.03	05405	MAMMOGRAPHY	327	4,668,033	4,668,360	0.461621	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	306,411	19,224,626	19,531,037	0.308696	55.00
57.00	05700	CT SCAN	7,228,645	26,513,713	33,742,358	0.093036	57.00
58.00	05800	MRI	1,571,735	6,845,881	8,417,616	0.110453	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,352,841	14,364,256	31,717,097	0.181941	59.00
60.00	06000	LABORATORY	15,591,288	40,334,496	55,925,784	0.243925	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	701,271	6,126,405	6,827,676	0.231892	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,475,502	885,865	2,361,367	0.318560	62.00
65.00	06500	RESPIRATORY THERAPY	7,137,251	3,678,533	10,815,784	0.472711	65.00
66.00	06600	PHYSICAL THERAPY	4,205,255	11,229,391	15,434,646	0.471287	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,678,130	2,386,670	5,064,800	0.432975	67.00
68.00	06800	SPEECH PATHOLOGY	870,413	736,908	1,607,321	0.719468	68.00
69.00	06900	ELECTROCARDIOLOGY	6,295,623	10,972,121	17,267,744	0.172543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	154,819	7,559,249	7,714,068	0.302605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,455,267	11,046,494	22,501,761	0.351283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,360,863	9,732,874	21,093,737	0.569194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,713,507	71,237,723	98,951,230	0.360824	73.00
74.00	07400	RENAL DIALYSIS	1,754,893	0	1,754,893	0.582889	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	37,900	2,036,959	2,074,859	0.386286	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	71,208	6,053,496	6,124,704	0.677234	90.00
90.01	09001	DIABETES CENTER	178	310,503	310,681	1.249034	90.01
90.02	09002	NEUROPSYCH	2,836	225,763	228,599	0.733980	90.02
90.03	09003	WOUND CENTER	99,039	7,249,616	7,348,655	0.277016	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	2,192	983,660	985,852	0.361072	90.04
90.05	09005	VIMCARE CLINIC	1,966	1,067,030	1,068,996	1.654271	90.05
90.06	09006	MEDICATION MGMT CLINIC	4,089	853,912	858,001	0.715021	90.06
91.00	09100	EMERGENCY	17,384,568	59,102,342	76,486,910	0.206932	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,624,939	14,624,939	0.389880	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	12,630,687	12,630,687	0.649109	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)	255,771,161	457,553,068	713,324,229		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	255,771,161	457,553,068	713,324,229		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/24/2020 4:05 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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 - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			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	0.367596		50.00
51.00	05100	RECOVERY ROOM	0.291721		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.021191		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.807869		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.251869		54.01
54.02	05404	ULTRASOUND	0.193080		54.02
54.03	05405	MAMMOGRAPHY	0.461621		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.309965		55.00
57.00	05700	CT SCAN	0.093036		57.00
58.00	05800	MRI	0.110453		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.181941		59.00
60.00	06000	LABORATORY	0.243925		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.237363		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.318560		62.00
65.00	06500	RESPIRATORY THERAPY	0.473490		65.00
66.00	06600	PHYSICAL THERAPY	0.473163		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.432975		67.00
68.00	06800	SPEECH PATHOLOGY	0.719468		68.00
69.00	06900	ELECTROCARDIOLOGY	0.174600		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302605		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.351283		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569194		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360824		73.00
74.00	07400	RENAL DIALYSIS	0.582889		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.386286		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	0.677234		90.00
90.01	09001	DIABETES CENTER	1.249034		90.01
90.02	09002	NEUROPSYCH	0.733980		90.02
90.03	09003	WOUND CENTER	0.279877		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.362340		90.04
90.05	09005	VIMCARE CLINIC	1.654271		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.715021		90.06
91.00	09100	EMERGENCY	0.215223		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.389880		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.649109		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 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 7/24/2020 4:05 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,143,124	0	5,143,124	28,766	178.79	30.00
31.00	INTENSIVE CARE UNIT	809,213		809,213	3,143	257.47	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	656,758	0	656,758	3,601	182.38	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	100,278		100,278	2,961	33.87	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	6,709,373		6,709,373	38,471		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	12,048	2,154,062	30.00
31.00	INTENSIVE CARE UNIT	705	181,516	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	2,021	368,590	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)	14,774	2,704,168	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part II
Date/Time Prepared:
7/24/2020 4:05 pm

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	4,863,724	95,837,976	0.050749	11,292,545	573,085	50.00
51.00	05100	RECOVERY ROOM	214,123	7,465,739	0.028681	994,243	28,516	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,475	14,217,299	0.001440	2,069,733	2,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	575,799	6,514,086	0.088393	680,436	60,146	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	375,838	13,331,857	0.028191	689,715	19,444	54.01
54.02	05404	ULTRASOUND	166,759	5,949,832	0.028028	576,338	16,154	54.02
54.03	05405	MAMMOGRAPHY	367,905	4,668,360	0.078808	327	26	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,566,071	19,531,037	0.080184	109,868	8,810	55.00
57.00	05700	CT SCAN	301,371	33,742,358	0.008932	3,841,374	34,311	57.00
58.00	05800	MRI	75,161	8,417,616	0.008929	823,474	7,353	58.00
59.00	05900	CARDIAC CATHETERIZATION	927,807	31,717,097	0.029253	6,889,773	201,547	59.00
60.00	06000	LABORATORY	1,107,449	55,925,784	0.019802	6,579,431	130,286	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	109,213	6,827,676	0.015996	317,781	5,083	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	41,011	2,361,367	0.017367	561,840	9,757	62.00
65.00	06500	RESPIRATORY THERAPY	555,456	10,815,784	0.051356	3,507,208	180,116	65.00
66.00	06600	PHYSICAL THERAPY	637,245	15,434,646	0.041287	1,480,374	61,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,089	5,064,800	0.042073	619,628	26,070	67.00
68.00	06800	SPEECH PATHOLOGY	109,028	1,607,321	0.067832	106,926	7,253	68.00
69.00	06900	ELECTROCARDIOLOGY	445,223	17,267,744	0.025784	3,257,969	84,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	284,191	7,714,068	0.036841	78,030	2,875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,483	22,501,761	0.011132	4,555,882	50,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	380,468	21,093,737	0.018037	4,843,253	87,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,433,553	98,951,230	0.014487	11,589,746	167,901	73.00
74.00	07400	RENAL DIALYSIS	33,071	1,754,893	0.018845	1,099,488	20,720	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	96,499	2,074,859	0.046509	13,125	610	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	469,645	6,124,704	0.076680	51,062	3,915	90.00
90.01	09001	DIABETES CENTER	40,905	310,681	0.131662	0	0	90.01
90.02	09002	NEUROPSYCH	9,584	228,599	0.041925	1,127	47	90.02
90.03	09003	WOUND CENTER	163,090	7,348,655	0.022193	82,969	1,841	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	105,188	985,852	0.106698	2,192	234	90.04
90.05	09005	VIMCARE CLINIC	235,348	1,068,996	0.220158	1,210	266	90.05
90.06	09006	MEDICATION MGMT CLINIC	63,332	858,001	0.073813	3,061	226	90.06
91.00	09100	EMERGENCY	1,540,856	76,486,910	0.020145	8,873,973	178,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	699,433	14,624,939	0.047825	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	18,478,393	618,826,264		75,594,101	1,971,535	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 7/24/2020 4:05 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	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 cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	28,766	0.00	12,048	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,143	0.00	705	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	3,601	0.00	2,021	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	2,961	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	38,471	0.00	14,774	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost					
		9.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				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 - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/24/2020 4:05 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	857,241	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02 05404 ULTRA SOUND	0	0	0	0	0	0	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	682,311	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0	0	90.01
90.02 09002 NEUROPSYCH	0	0	0	0	0	0	90.02
90.03 09003 WOUND CENTER	0	0	0	0	0	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	0	0	0	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	1,539,552	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/24/2020 4:05 pm
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Cost Center Description	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) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	95,837,976	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,465,739	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	14,217,299	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	857,241	857,241	6,514,086	0.131598	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,331,857	0.000000	54.01
54.02 05404 ULTRA SOUND	0	0	0	5,949,832	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	4,668,360	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	19,531,037	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	33,742,358	0.000000	57.00
58.00 05800 MRI	0	0	0	8,417,616	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	31,717,097	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	55,925,784	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	6,827,676	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,361,367	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	10,815,784	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	15,434,646	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,064,800	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,607,321	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	17,267,744	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,714,068	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,501,761	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,093,737	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	682,311	682,311	98,951,230	0.006895	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,754,893	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,074,859	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	6,124,704	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	310,681	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	228,599	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	7,348,655	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	985,852	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,068,996	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	858,001	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	76,486,910	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,624,939	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1,539,552	1,539,552	618,826,264		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/24/2020 4:05 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	11,292,545	0	18,764,423	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	994,243	0	1,112,813	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,069,733	0	2,252,736	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131598	680,436	89,544	1,635,967	215,290	54.00	
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	689,715	0	5,158,317	0	54.01	
54.02	05404 ULTRASOUND	0.000000	576,338	0	1,204,484	0	54.02	
54.03	05405 MAMMOGRAPHY	0.000000	327	0	415,164	0	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	109,868	0	8,582,022	0	55.00	
57.00	05700 CT SCAN	0.000000	3,841,374	0	7,569,213	0	57.00	
58.00	05800 MRI	0.000000	823,474	0	2,212,459	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,889,773	0	5,422,802	0	59.00	
60.00	06000 LABORATORY	0.000000	6,579,431	0	4,221,042	0	60.00	
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	317,781	0	1,591,863	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	561,840	0	191,715	0	62.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	3,507,208	0	1,330,012	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,480,374	0	38,090	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	619,628	0	15,713	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	106,926	0	156,621	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,257,969	0	3,570,866	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	78,030	0	1,721,561	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,555,882	0	2,516,011	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,843,253	0	4,159,913	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006895	11,589,746	79,911	31,103,693	214,460	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	1,099,488	0	0	0	74.00	
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	13,125	0	1,032,748	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	51,062	0	2,845,764	0	90.00	
90.01	09001 DIABETES CENTER	0.000000	0	0	22,274	0	90.01	
90.02	09002 NEUROPSYCH	0.000000	1,127	0	115,548	0	90.02	
90.03	09003 WOUND CENTER	0.000000	82,969	0	3,156,167	0	90.03	
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	2,192	0	113,984	0	90.04	
90.05	09005 VIMCARE CLINIC	0.000000	1,210	0	96,514	0	90.05	
90.06	09006 MEDICATION MGMT CLINIC	0.000000	3,061	0	522,426	0	90.06	
91.00	09100 EMERGENCY	0.000000	8,873,973	0	11,542,341	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,664,692	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		75,594,101	169,455	127,059,958	429,750	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
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	0			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					95.00
200.00	Total (lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/24/2020 4:05 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	0.357192	18,764,423	0	0	6,702,502	50.00
51.00	05100	RECOVERY ROOM	0.291721	1,112,813	0	0	324,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021191	2,252,736	0	0	47,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.807378	1,635,967	0	0	1,320,844	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.251869	5,158,317	0	0	1,299,220	54.01
54.02	05404	ULTRA SOUND	0.193080	1,204,484	0	0	232,562	54.02
54.03	05405	MAMMOGRAPHY	0.461621	415,164	0	0	191,648	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.308696	8,582,022	0	0	2,649,236	55.00
57.00	05700	CT SCAN	0.093036	7,569,213	0	0	704,209	57.00
58.00	05800	MRI	0.110453	2,212,459	0	0	244,373	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.181941	5,422,802	0	0	986,630	59.00
60.00	06000	LABORATORY	0.243925	4,221,042	0	0	1,029,618	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.231892	1,591,863	0	0	369,140	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.318560	191,715	0	0	61,073	62.00
65.00	06500	RESPIRATORY THERAPY	0.472711	1,330,012	0	0	628,711	65.00
66.00	06600	PHYSICAL THERAPY	0.471287	38,090	0	0	17,951	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.432975	15,713	0	0	6,803	67.00
68.00	06800	SPEECH PATHOLOGY	0.719468	156,621	0	0	112,684	68.00
69.00	06900	ELECTROCARDIOLOGY	0.172543	3,570,866	0	0	616,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302605	1,721,561	0	0	520,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.351283	2,516,011	0	0	883,832	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569194	4,159,913	0	0	2,367,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360824	31,103,693	0	108,826	11,222,959	73.00
74.00	07400	RENAL DIALYSIS	0.582889	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.386286	1,032,748	0	0	398,936	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	0.677234	2,845,764	0	0	1,927,248	90.00
90.01	09001	DIABETES CENTER	1.249034	22,274	0	0	27,821	90.01
90.02	09002	NEUROPSYCH	0.733980	115,548	0	0	84,810	90.02
90.03	09003	WOUND CENTER	0.277016	3,156,167	0	0	874,309	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.361072	113,984	0	0	41,156	90.04
90.05	09005	VIMCARE CLINIC	1.654271	96,514	0	0	159,660	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.715021	522,426	0	0	373,546	90.06
91.00	09100	EMERGENCY	0.206932	11,542,341	0	0	2,388,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.389880	2,664,692	0	0	1,038,910	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.649109		0			95.00
200.00		Subtotal (see instructions)		127,059,958	0	108,826	39,856,119	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		127,059,958	0	108,826	39,856,119	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/24/2020 4:05 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	39,267	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	39,267	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	39,267	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 7/24/2020 4:05 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	4,863,724	95,837,976	0.050749	60,913	3,091	50.00
51.00	05100	RECOVERY ROOM	214,123	7,465,739	0.028681	8,124	233	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,475	14,217,299	0.001440	15,280	22	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	575,799	6,514,086	0.088393	25,799	2,280	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	375,838	13,331,857	0.028191	0	0	54.01
54.02	05404	ULTRA SOUND	166,759	5,949,832	0.028028	11,632	326	54.02
54.03	05405	MAMMOGRAPHY	367,905	4,668,360	0.078808	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,566,071	19,531,037	0.080184	0	0	55.00
57.00	05700	CT SCAN	301,371	33,742,358	0.008932	31,191	279	57.00
58.00	05800	MRI	75,161	8,417,616	0.008929	6,810	61	58.00
59.00	05900	CARDIAC CATHETERIZATION	927,807	31,717,097	0.029253	7,262	212	59.00
60.00	06000	LABORATORY	1,107,449	55,925,784	0.019802	269,983	5,346	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	109,213	6,827,676	0.015996	5,557	89	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	41,011	2,361,367	0.017367	12,276	213	62.00
65.00	06500	RESPIRATORY THERAPY	555,456	10,815,784	0.051356	42,226	2,169	65.00
66.00	06600	PHYSICAL THERAPY	637,245	15,434,646	0.041287	894,700	36,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,089	5,064,800	0.042073	811,293	34,134	67.00
68.00	06800	SPEECH PATHOLOGY	109,028	1,607,321	0.067832	349,851	23,731	68.00
69.00	06900	ELECTROCARDIOLOGY	445,223	17,267,744	0.025784	21,831	563	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	284,191	7,714,068	0.036841	758	28	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,483	22,501,761	0.011132	67,537	752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	380,468	21,093,737	0.018037	18,573	335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,433,553	98,951,230	0.014487	505,279	7,320	73.00
74.00	07400	RENAL DIALYSIS	33,071	1,754,893	0.018845	73,500	1,385	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	96,499	2,074,859	0.046509	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	469,645	6,124,704	0.076680	0	0	90.00
90.01	09001	DIABETES CENTER	40,905	310,681	0.131662	0	0	90.01
90.02	09002	NEUROPSYCH	9,584	228,599	0.041925	322	13	90.02
90.03	09003	WOUND CENTER	163,090	7,348,655	0.022193	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	105,188	985,852	0.106698	0	0	90.04
90.05	09005	VIMCARE CLINIC	235,348	1,068,996	0.220158	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	63,332	858,001	0.073813	0	0	90.06
91.00	09100	EMERGENCY	1,540,856	76,486,910	0.020145	7,876	159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	14,624,939	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	17,778,960	618,826,264		3,248,573	119,680	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/24/2020 4:05 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	857,241	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	682,311	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	1,539,552	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/24/2020 4:05 pm
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Title XVIII		Subprovider - IRF	PPS
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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) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	95,837,976	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,465,739	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	14,217,299	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	857,241	857,241	6,514,086	0.131598	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,331,857	0.000000	54.01
54.02 05404 ULTRA SOUND	0	0	0	5,949,832	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	4,668,360	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	19,531,037	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	33,742,358	0.000000	57.00
58.00 05800 MRI	0	0	0	8,417,616	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	31,717,097	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	55,925,784	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	6,827,676	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,361,367	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	10,815,784	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	15,434,646	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,064,800	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,607,321	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	17,267,744	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,714,068	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,501,761	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,093,737	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	682,311	682,311	98,951,230	0.006895	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,754,893	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,074,859	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	6,124,704	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	310,681	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	228,599	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	7,348,655	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	985,852	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,068,996	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	858,001	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	76,486,910	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,624,939	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	1,539,552	1,539,552	618,826,264		95.00
200.00 Total (lines 50 through 199)	0	1,539,552	1,539,552	618,826,264		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/24/2020 4:05 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	60,913	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	8,124	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	15,280	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131598	25,799	3,395	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	0	0	0	54.01
54.02	05404	ULTRA SOUND	0.000000	11,632	0	0	54.02
54.03	05405	MAMMOGRAPHY	0.000000	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	31,191	0	0	57.00
58.00	05800	MRI	0.000000	6,810	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,262	0	0	59.00
60.00	06000	LABORATORY	0.000000	269,983	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	5,557	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	12,276	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	42,226	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	894,700	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	811,293	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	349,851	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	21,831	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	758	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	67,537	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,573	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.006895	505,279	3,484	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	73,500	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	DIABETES CENTER	0.000000	0	0	0	90.01
90.02	09002	NEUROPSYCH	0.000000	322	0	0	90.02
90.03	09003	WOUND CENTER	0.000000	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0.000000	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.000000	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	7,876	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		3,248,573	6,879	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/24/2020 4:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
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 ULTRASOUND	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	0	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			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/24/2020 4:05 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)		28,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,766	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)		24,854	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) (see instructions)		12,048	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)		41,928,267	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)		41,928,267	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)		41,928,267	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)		1,457.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,560,683	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)		17,560,683	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,137,131	3,143	2,270.80	705	1,600,914	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)					23,372,284	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,533,881	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)					2,335,578	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,140,990	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,476,568	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,057,313	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)					3,912	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,457.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,701,975	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/24/2020 4:05 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,143,124	41,928,267	0.122665	5,701,975	699,433	90.00
91.00	Nursing School cost	0	41,928,267	0.000000	5,701,975	0	91.00
92.00	Allied health cost	0	41,928,267	0.000000	5,701,975	0	92.00
93.00	All other Medical Education	0	41,928,267	0.000000	5,701,975	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/24/2020 4:05 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)		3,601	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,601	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)		3,601	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) (see instructions)		2,021	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)		4,808,887	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)		4,808,887	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)		4,808,887	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)		1,335.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,698,904	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)		2,698,904	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/24/2020 4:05 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	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)					1,435,972		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,134,876		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)					368,590		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					126,559		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					495,149		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,639,727		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 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/24/2020 4:05 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	656,758	4,808,887	0.136572	0	0	90.00
91.00	Nursing School cost	0	4,808,887	0.000000	0	0	91.00
92.00	Allied health cost	0	4,808,887	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,808,887	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/24/2020 4:05 pm	
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		21,327,287	30.00
31.00	03100	INTENSIVE CARE UNIT		4,852,011	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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.367596	11,292,545	4,151,094 50.00
51.00	05100	RECOVERY ROOM	0.291721	994,243	290,042 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.021191	2,069,733	43,860 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.807869	680,436	549,703 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.251869	689,715	173,718 54.01
54.02	05404	ULTRA SOUND	0.193080	576,338	111,279 54.02
54.03	05405	MAMMOGRAPHY	0.461621	327	151 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.309965	109,868	34,055 55.00
57.00	05700	CT SCAN	0.093036	3,841,374	357,386 57.00
58.00	05800	MRI	0.110453	823,474	90,955 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.181941	6,889,773	1,253,532 59.00
60.00	06000	LABORATORY	0.243925	6,579,431	1,604,888 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.237363	317,781	75,429 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.318560	561,840	178,980 62.00
65.00	06500	RESPIRATORY THERAPY	0.473490	3,507,208	1,660,628 65.00
66.00	06600	PHYSICAL THERAPY	0.473163	1,480,374	700,458 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.432975	619,628	268,283 67.00
68.00	06800	SPEECH PATHOLOGY	0.719468	106,926	76,930 68.00
69.00	06900	ELECTROCARDIOLOGY	0.174600	3,257,969	568,841 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302605	78,030	23,612 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.351283	4,555,882	1,600,404 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569194	4,843,253	2,756,751 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360824	11,589,746	4,181,859 73.00
74.00	07400	RENAL DIALYSIS	0.582889	1,099,488	640,879 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.386286	13,125	5,070 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	0.677234	51,062	34,581 90.00
90.01	09001	DIABETES CENTER	1.249034	0	0 90.01
90.02	09002	NEUROPSYCH	0.733980	1,127	827 90.02
90.03	09003	WOUND CENTER	0.279877	82,969	23,221 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.362340	2,192	794 90.04
90.05	09005	VIMCARE CLINIC	1.654271	1,210	2,002 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.715021	3,061	2,189 90.06
91.00	09100	EMERGENCY	0.215223	8,873,973	1,909,883 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.389880	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)		75,594,101	23,372,284 200.00
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)		75,594,101	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/24/2020 4:05 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		3,838,998	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	0.367596	60,913	50.00
51.00	05100	RECOVERY ROOM	0.291721	8,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021191	15,280	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.807869	25,799	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.251869	0	54.01
54.02	05404	ULTRA SOUND	0.193080	11,632	54.02
54.03	05405	MAMMOGRAPHY	0.461621	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.309965	0	55.00
57.00	05700	CT SCAN	0.093036	31,191	57.00
58.00	05800	MRI	0.110453	6,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.181941	7,262	59.00
60.00	06000	LABORATORY	0.243925	269,983	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.237363	5,557	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.318560	12,276	62.00
65.00	06500	RESPIRATORY THERAPY	0.473490	42,226	65.00
66.00	06600	PHYSICAL THERAPY	0.473163	894,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.432975	811,293	67.00
68.00	06800	SPEECH PATHOLOGY	0.719468	349,851	68.00
69.00	06900	ELECTROCARDIOLOGY	0.174600	21,831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302605	758	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.351283	67,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569194	18,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.360824	505,279	73.00
74.00	07400	RENAL DIALYSIS	0.582889	73,500	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.386286	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	0.677234	0	90.00
90.01	09001	DIABETES CENTER	1.249034	0	90.01
90.02	09002	NEUROPSYCH	0.733980	322	90.02
90.03	09003	WOUND CENTER	0.279877	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.362340	0	90.04
90.05	09005	VIMCARE CLINIC	1.654271	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.715021	0	90.06
91.00	09100	EMERGENCY	0.215223	7,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.389880	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)		3,248,573	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)		3,248,573	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/24/2020 4:05 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)		22,109,306	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,141,743	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		406,824	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		53,681	2.04
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)		146.28	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)		4.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.51	31.00
32.00	Sum of lines 30 and 31		28.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.69	33.00
34.00	Disproportionate share adjustment (see instructions)		959,715	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/24/2020 4:05 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)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000357119	0.000405768	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,954,400	3,388,407	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,209,729	851,730	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,061,459		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)	34,732,728		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)		34,732,728	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,669,331	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		139,634	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		169,455	58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,711,148	59.00
60.00	Primary payer payments		24,795	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,686,353	61.00
62.00	Deductibles billed to program beneficiaries		3,335,816	62.00
63.00	Coinurance billed to program beneficiaries		61,344	63.00
64.00	Allowable bad debts (see instructions)		403,174	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		262,063	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,787	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,551,256	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)		-3,903	70.93
70.94	HRR adjustment amount (see instructions)		-33,164	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/24/2020 4:05 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)		99,231	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		34,414,958	71.00
71.01	Sequestration adjustment (see instructions)		688,299	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		33,631,236	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		95,423	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,532,540	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. 1, 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)		1.0005262539	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9985	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0112		Period: From 01/01/2019 To 12/31/2019		Worksheet DSH	
		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.94	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	23.51	0.00			23.51	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	28.45	0.00			23.51	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	146.28	0.00			146.28	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	12.69	0.00			8.61	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.94	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,378	0			1,378	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	685	0			685	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,091	0			5,091	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	125	0			125	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,279	0			7,279	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	30,958	0			30,958	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	30,958	0			30,958	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	23.51	0.00			23.51	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0112		Period: From 01/01/2019 To 12/31/2019		Worksheet DSH Date/Time Prepared: 7/24/2020 4:05 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	12.69		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		12.69		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		12.69		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet DSH Date/Time Prepared: 7/24/2020 4:05 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	8.61		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	8.61		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	8.61		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/24/2020 4:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		39,267	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,426,369	2.00
3.00	OPPS payments		31,562,424	3.00
4.00	Outlier payment (see instructions)		213,182	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		429,750	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39,267	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		108,826	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)		108,826	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)		108,826	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		69,559	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)		39,267	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)		32,205,356	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,933,920	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)		26,310,703	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)		26,310,703	30.00
31.00	Primary payer payments		5,693	31.00
32.00	Subtotal (line 30 minus line 31)		26,305,010	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)		671,636	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		436,563	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		404,192	36.00
37.00	Subtotal (see instructions)		26,741,573	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)		26,741,573	40.00
40.01	Sequestration adjustment (see instructions)		534,831	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		26,269,767	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-63,025	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		650,956	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/24/2020 4:05 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
7/24/2020 4:05 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		33,581,136		26,112,667	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	08/09/2019	50,100	08/09/2019	157,100	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)		50,100		157,100	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)		33,631,236		26,269,767	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		95,423		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		63,025	6.02	
7.00	Total Medicare program liability (see instructions)		33,726,659		26,206,742	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 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
7/24/2020 4:05 pm
PPS

Title XVIII

Subprovider -
IRF

		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		3,680,199		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)		3,680,199		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		86,378		0	6.02
7.00	Total Medicare program liability (see instructions)		3,593,821		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 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 7/24/2020 4:05 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 7/24/2020 4:05 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,426,352 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			72,639 3.00
4.00	Outlier Payments			205,203 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)			9.865753 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)			3,704,194 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)			3,704,194 17.00
18.00	Primary payer payments			15,011 18.00
19.00	Subtotal (line 17 less line 18).			3,689,183 19.00
20.00	Deductibles			24,552 20.00
21.00	Subtotal (line 19 minus line 20)			3,664,631 21.00
22.00	Coinsurance			7,843 22.00
23.00	Subtotal (line 21 minus line 22)			3,656,788 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,380 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,497 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,092 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,660,285 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)			6,879 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)			3,667,164 32.00
32.01	Sequestration adjustment (see instructions)			73,343 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,680,199 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)			-86,378 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			26,543 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			205,203 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 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
7/24/2020 4:05 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	19,630,779	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	74,146,320	0	0	0	4.00
5.00	Other receivable	2,297,013	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,268,933	0	0	0	6.00
7.00	Inventory	5,352,422	0	0	0	7.00
8.00	Prepaid expenses	4,737,862	0	0	0	8.00
9.00	Other current assets	2,438,651	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)	74,334,114	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,010,352	0	0	0	12.00
13.00	Land improvements	20,982,896	0	0	0	13.00
14.00	Accumulated depreciation	-12,222,352	0	0	0	14.00
15.00	Buildings	208,762,459	0	0	0	15.00
16.00	Accumulated depreciation	-138,776,636	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	9,587,449	0	0	0	19.00
20.00	Accumulated depreciation	-7,703,297	0	0	0	20.00
21.00	Automobiles and trucks	2,276,801	0	0	0	21.00
22.00	Accumulated depreciation	-1,643,706	0	0	0	22.00
23.00	Major movable equipment	169,338,972	0	0	0	23.00
24.00	Accumulated depreciation	-103,405,467	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)	149,207,471	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	157,719,205	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	16,601,288	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	174,320,493	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	397,862,078	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,990,290	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,950,110	0	0	0	38.00
39.00	Payroll taxes payable	983,060	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,780,000	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	7,895,421	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,598,881	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	42,670,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	373,942	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	43,043,942	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	81,642,823	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	316,219,255				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)	316,219,255	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	397,862,078	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
7/24/2020 4:05 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		315,947,011		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		48,308,322			2.00
3.00	Total (sum of line 1 and line 2)		364,255,333		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NURSING HOME CONTRIBUTIONS	6,713,529		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		6,713,529		0	10.00
11.00	Subtotal (line 3 plus line 10)		370,968,862		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	EQUITY TRANSFERS WHOLLY OWNED SUBS	54,749,607		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		54,749,607		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		316,219,255		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 01/01/2019
To 12/31/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/24/2020 4:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	59,406,845		59,406,845	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,825,783		6,825,783	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)	66,232,628		66,232,628	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,433,535		13,433,535	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)	13,433,535		13,433,535	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	79,666,163		79,666,163	17.00
18.00	Ancillary services	156,661,756	387,367,807	544,029,563	18.00
19.00	Outpatient services	17,348,568	59,102,342	76,450,910	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	10,953	12,630,687	12,641,640	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	2,201,046	0	2,201,046	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	255,888,486	459,100,836	714,989,322	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		283,344,935		29.00
30.00	PROVISION FOR BAD DEBT	10,580,163			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		10,580,163		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)		293,925,098		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
7/24/2020 4:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	714,989,322	1.00
2.00	Less contractual allowances and discounts on patients' accounts	404,532,161	2.00
3.00	Net patient revenues (line 1 minus line 2)	310,457,161	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	293,925,098	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,532,063	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	565,550	6.00
7.00	Income from investments	13,167,348	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	98,558	10.00
11.00	Rebates and refunds of expenses	34,641	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,015,547	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	40,778	17.00
18.00	Revenue from sale of medical records and abstracts	12,428	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	24,553	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	157,135	22.00
23.00	Governmental appropriations	625,000	23.00
24.00	UNREALIZED INVESTMENT INCOME	12,861,332	24.00
24.01	WELLNESS REVENUE	151,354	24.01
24.02	JOINT VENTURES	190,808	24.02
24.03	CRHP REVENUE	3,479,747	24.03
24.04	OTHER OPERATING REVENUE	646,688	24.04
25.00	Total other income (sum of lines 6-24)	33,071,467	25.00
26.00	Total (line 5 plus line 25)	49,603,530	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	31,929	27.00
27.01	OTHER NON OPERATING EXPENSES	1,263,279	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,295,208	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	48,308,322	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/24/2020 4:05 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,448,370	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		75,773	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)		76.70	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)		4.94	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.51	8.00
9.00	Sum of lines 7 and 8		28.45	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.93	10.00
11.00	Disproportionate share adjustment (see instructions)		145,188	11.00
12.00	Total prospective capital payments (see instructions)		2,669,331	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