

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 8:51 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/29/2019 Time: 8:51 pm

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 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
 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	-162,418	262,065	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	89,795	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		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-72,623	262,065	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 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 8:49 pm
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2400 EAST 17TH STREET			PO Box:						1.00	
2.00	City: COLUMBUS			State: IN		Zip Code: 47201-		County: BARTHOLOMEW		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
							V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)						8			21.00	
							1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N	N		22.03
23.00	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.									
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 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 8:49 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.	914	426	8	35	6,387	25	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	44	0	0	581		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	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
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.							
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		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 8:49 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 §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings					0.00	62.01
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 01/01/2018
To 12/31/2018

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2019 8:49 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

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

65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 8:49 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	868,967		0		0		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 8:49 pm
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		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	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	Title XIX					
		1.00	2.00	3.00	4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N			155.00		
156.00	Subprovider - IPF	N	N	N	N			156.00		
157.00	Subprovider - IRF	N	N	N	N			157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N			159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00		
161.00	CMHC		N	N	N			161.00		
161.10	CORF		N	N	N			161.10		
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00	
							Beginni ng	Endi ng		
							1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							01/01/2018	03/31/2018	170.00
							1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 8:49 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	04/18/2019	Y	04/18/2019		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/18/2019	Y	04/18/2019		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 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 8:49 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		SIMMONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COLUMBUS REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-376-5248		CSIMMONS@CRH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 8:49 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER ACCOUNTING		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part IX Date/Time Prepared: 5/29/2019 8:49 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)	Y	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)	Y	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)	Y	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)	Y	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)	Y	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 8:49 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	194	70,810	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)		194	70,810	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)		211	77,015	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)		229				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 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 8:49 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)	12,238	5,797	27,213			1.00
2.00 HMO and other (see instructions)	3,349	0				2.00
3.00 HMO IPF Subprovider	505	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,238	5,797	27,213			7.00
8.00 INTENSIVE CARE UNIT	1,165	479	3,212			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		1,519	3,197			13.00
14.00 Total (see instructions)	13,403	7,795	33,622	0.00	1,313.00	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	2,219	625	3,918	0.00	24.00	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	1,337.00	27.00
28.00 Observation Bed Days		806	3,403			28.00
29.00 Ambulance Trips	4,153					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 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 8:49 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	3,924	1,735	9,158	1.00	
2.00 HMO and other (see instructions)			885	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	3,924	1,735	9,158	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	171	44	305	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 01/01/2018
To 12/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 8:49 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	83,948,590	-536,599	83,411,991	2,760,230.00	30.22
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		1,161,912	0	1,161,912	5,807.00	200.09
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		197,077	0	197,077	4,229.00	46.60
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)		5,162,072	876,809	6,038,881	230,346.00	26.22
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		14,906,976	0	14,906,976	289,519.00	51.49
12.00	Contract labor: Top level management and other management and administrative services		1,386,941	0	1,386,941	28,997.00	47.83
13.00	Contract Labor: Physician-Part A - Administrative		6,160,573	0	6,160,573	41,837.00	147.25
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		5,847,495	0	5,847,495	55,887.00	104.63
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,675,452	0	24,675,452		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,946,331	0	1,946,331		
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		438,002	0	438,002		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	228,972	-114,718	114,254	3,713.00	30.77
27.00	Administrative & General	5.00	17,855,505	-159,272	17,696,233	530,180.00	33.38

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 8:49 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	6,201,454	0	6,201,454	68,044.00	91.14	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,508,820	34,851	2,543,671	80,902.00	31.44	30.00
31.00	Laundry & Linen Service	34,004	81	34,085	2,064.00	16.51	31.00
32.00	Housekeeping	1,885,117	8,049	1,893,166	123,195.00	15.37	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,109,807	-1,391,219	718,588	40,226.00	17.86	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,393,665	1,393,665	78,017.00	17.86	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,792,160	72,887	3,865,047	87,954.00	43.94	38.00
39.00	Central Services and Supply	96	0	96	8.00	12.00	39.00
40.00	Pharmacy	3,354,208	-349,224	3,004,984	68,206.00	44.06	40.00
41.00	Medical Records & Medical Records Library	1,967,882	-898,471	1,069,411	36,247.00	29.50	41.00
42.00	Social Service	558,623	3,892	562,515	15,984.00	35.19	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 01/01/2018
To 12/31/2018

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 8:49 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)	88,791,055	-536,599	88,254,456	2,818,238.00	31.32	1.00
2.00	Excluded area salaries (see instructions)	5,162,072	876,809	6,038,881	230,346.00	26.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,628,983	-1,413,408	82,215,575	2,587,892.00	31.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,301,985	0	28,301,985	416,240.00	67.99	4.00
5.00	Subtotal wage-related costs (see inst.)	24,675,452	0	24,675,452	0.00	30.01	5.00
6.00	Total (sum of lines 3 thru 5)	136,606,420	-1,413,408	135,193,012	3,004,132.00	45.00	6.00
7.00	Total overhead cost (see instructions)	40,496,648	-1,399,479	39,097,169	1,134,740.00	34.45	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 8:49 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,672,438	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	276,708	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	14,465,306	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	447,057	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	53,513	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)	27,059,786	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 8:49 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		14,906,976	27,059,786
2.00	Hospital		14,906,976	27,059,786
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 8:49 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)		0.355316	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		15,389,239	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		7,151,107	5.00
6.00	Medicaid charges		104,166,776	6.00
7.00	Medicaid cost (line 1 times line 6)		37,012,122	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)		14,471,776	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)		14,471,776	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)	9,414,488	6,483,858	15,898,346
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,345,118	6,483,858	9,828,976
22.00	Payments received from patients for amounts previously written off as charity care	52,205	268,223	320,428
23.00	Cost of charity care (line 21 minus line 22)	3,292,913	6,215,635	9,508,548
			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)		17,519,220	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		789,445	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,214,532	27.01
28.00	Non-Medicare bad debt expense (see instructions)		16,304,688	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,218,404	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		15,726,952	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		30,198,728	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		21,357,468	21,357,468	-10,437,577	10,919,891	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	13,205,625	13,205,625	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	228,972	32,265,810	32,494,782	-3,000,713	29,494,069	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,855,505	44,636,006	62,491,511	-5,345,809	57,145,702	5.00
7.00	00700	OPERATION OF PLANT	2,508,820	7,080,090	9,588,910	-2,408,576	7,180,334	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,004	657,900	691,904	81	691,985	8.00
9.00	00900	HOUSEKEEPING	1,885,117	900,228	2,785,345	8,049	2,793,394	9.00
10.00	01000	DIETARY	2,109,807	1,131,312	3,241,119	-2,137,661	1,103,458	10.00
11.00	01100	CAFETERIA	0	0	0	2,140,107	2,140,107	11.00
13.00	01300	NURSING ADMINISTRATION	3,792,160	867,192	4,659,352	67,171	4,726,523	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	96	743,182	743,278	318,362	1,061,640	14.00
15.00	01500	PHARMACY	3,354,208	2,036,763	5,390,971	-302,542	5,088,429	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,967,882	1,271,322	3,239,204	-1,612,645	1,626,559	16.00
17.00	01700	SOCIAL SERVICE	558,623	17,202	575,825	4,457	580,282	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	152,595	1,965	154,560	354,352	508,912	23.01
23.02	02302	PHARMACY RESIDENCY PROG	197,657	6,688	204,345	186,777	391,122	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,260,608	3,338,252	16,598,860	1,231,554	17,830,414	30.00
31.00	03100	INTENSIVE CARE UNIT	2,167,015	1,251,004	3,418,019	-143,232	3,274,787	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	1,346,731	158,937	1,505,668	341,558	1,847,226	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	689,994	7,048	697,042	-18,629	678,413	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	746,004	26,923,021	27,669,025	-6,638,808	21,030,217	50.00
51.00	05100	RECOVERY ROOM	0	957,462	957,462	321,348	1,278,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	116,834	116,834	62,727	179,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,816,943	1,487,083	3,304,026	-121,188	3,182,838	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	390,458	1,435,208	1,825,666	-509,415	1,316,251	54.01
54.02	05404	ULTRA SOUND	495,483	36,171	531,654	21,854	553,508	54.02
54.03	05405	MAMMOGRAPHY	723,426	136,838	860,264	325,161	1,185,425	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	989,042	1,328,660	2,317,702	762,227	3,079,929	55.00
57.00	05700	CT SCAN	643,666	861,288	1,504,954	-494,779	1,010,175	57.00
58.00	05800	MRI	300,435	133,121	433,556	4,443	437,999	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,652,231	5,126,716	6,778,947	-4,143,279	2,635,668	59.00
60.00	06000	LABORATORY	3,981,500	3,753,601	7,735,101	74,166	7,809,267	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	350,638	228,393	579,031	231,466	810,497	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	547,878	547,878	76,392	624,270	62.00
65.00	06500	RESPIRATORY THERAPY	1,485,737	762,632	2,248,369	43,302	2,291,671	65.00
66.00	06600	PHYSICAL THERAPY	4,193,755	282,892	4,476,647	-82,831	4,393,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	552,170	8,216	560,386	677,435	1,237,821	67.00
68.00	06800	SPEECH PATHOLOGY	732,810	290,159	1,022,969	-178,979	843,990	68.00
69.00	06900	ELECTROCARDIOLOGY	600,378	577,955	1,178,333	-444,947	733,386	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	614,231	251,719	865,950	163,413	1,029,363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,754,922	7,754,922	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,159,917	9,159,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,891,321	18,891,321	0	18,891,321	73.00
74.00	07400	RENAL DIALYSIS	0	776,642	776,642	0	776,642	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	214,125	110,244	324,369	4,856	329,225	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	1,120,322	127,432	1,247,754	-98	1,247,656	90.00
90.01	09001	DIABETES CENTER	84,599	108,977	193,576	-5,297	188,279	90.01
90.02	09002	NEUROPSYCH	278,952	10,051	289,003	18,913	307,916	90.02
90.03	09003	WOUND CENTER	470,956	1,021,230	1,492,186	-156,844	1,335,342	90.03
90.04	09004	HYPERBARIIC OXYGEN THERAPY	0	0	0	220,227	220,227	90.04
90.05	09005	VIMCARE CLINIC	592,162	110,090	702,252	2,170	704,422	90.05
90.06	09006	MEDICATION MGMT CLINIC	252,258	3,748	256,006	1,389	257,395	90.06
91.00	09100	EMERGENCY	5,091,426	1,148,606	6,240,032	1,827,958	8,067,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,298,442	359,385	3,657,827	110,477	3,768,304	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A

Date/Time Prepared:
5/29/2019 8:49 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		2,133,881	2,133,881	-2,133,881	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,781,943	187,775,823	271,557,766	-594,874	270,962,892	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	318,909	318,909	194.00
194.01	07951	BUILDING RENTALS	0	1,869,355	1,869,355	-1,677,709	191,646	194.01
194.02	07952	HOSPICE	0	114,744	114,744	0	114,744	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	269,667	269,667	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,260,493	1,260,493	194.05
194.06	07956	CRH FOUNDATION	30,196	508	30,704	0	30,704	194.06
194.07	07957	HEALTHY COMMUNITIES	136,451	56,703	193,154	-26,817	166,337	194.07
194.08	07958	CRHP	0	0	0	450,331	450,331	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	83,948,590	189,817,133	273,765,723	0	273,765,723	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
5/29/2019 8:49 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	-806,450	10,113,441	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-926,647	12,278,978	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-60,369	29,433,700	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-21,362,318	35,783,384	5.00
7.00	00700	OPERATION OF PLANT	-123,275	7,057,059	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	691,985	8.00
9.00	00900	HOUSEKEEPING	-140	2,793,254	9.00
10.00	01000	DIETARY	-124,677	978,781	10.00
11.00	01100	CAFETERIA	-1,109,003	1,031,104	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,726,523	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,061,640	14.00
15.00	01500	PHARMACY	-55,847	5,032,582	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,932	1,603,627	16.00
17.00	01700	SOCIAL SERVICE	0	580,282	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-20,524	488,388	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	391,122	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,166,917	16,663,497	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,274,787	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	1,847,226	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	678,413	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,083,261	19,946,956	50.00
51.00	05100	RECOVERY ROOM	0	1,278,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-2,309	177,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-22,185	3,160,653	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,316,251	54.01
54.02	05404	ULTRASOUND	0	553,508	54.02
54.03	05405	MAMMOGRAPHY	-2,205	1,183,220	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-27,166	3,052,763	55.00
57.00	05700	CT SCAN	0	1,010,175	57.00
58.00	05800	MRI	0	437,999	58.00
59.00	05900	CARDIAC CATHETERIZATION	-90,723	2,544,945	59.00
60.00	06000	LABORATORY	-2,104	7,807,163	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-9,584	800,913	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	624,270	62.00
65.00	06500	RESPIRATORY THERAPY	-9,172	2,282,499	65.00
66.00	06600	PHYSICAL THERAPY	-24,394	4,369,422	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,237,821	67.00
68.00	06800	SPEECH PATHOLOGY	-855	843,135	68.00
69.00	06900	ELECTROCARDIOLOGY	-34,624	698,762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,029,363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,754,922	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,159,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,891,321	73.00
74.00	07400	RENAL DIALYSIS	0	776,642	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,359	327,866	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	-11,408	1,236,248	90.00
90.01	09001	DIABETES CENTER	0	188,279	90.01
90.02	09002	NEUROPSYCH	-197,077	110,839	90.02
90.03	09003	WOUND CENTER	-20,327	1,315,015	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-1,432	218,795	90.04
90.05	09005	VIMCARE CLINIC	0	704,422	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	257,395	90.06
91.00	09100	EMERGENCY	-379,386	7,688,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-510,427	3,257,877	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 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/29/2019 8:49 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)	-28,209,097	242,753,795	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	318,909	194.00
194.01	07951	BUILDING RENTALS	0	191,646	194.01
194.02	07952	HOSPICE	0	114,744	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	269,667	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,260,493	194.05
194.06	07956	CRH FOUNDATION	0	30,704	194.06
194.07	07957	HEALTHY COMMUNITIES	0	166,337	194.07
194.08	07958	CRHP	-297,442	152,889	194.08
194.09	07959	NEUROPSYCH PART B	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,506,539	245,259,184	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet Non-CMS W Date/Time Prepared: 5/29/2019 8:49 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 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		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	VIHCARE 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 01/01/2018
To 12/31/2018

Worksheet Non-CMS W
Date/Time Prepared:
5/29/2019 8:49 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 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
5/29/2019 8:49 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	1,615,481	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	518,400	2.00
	0		0	2,133,881	
C - RECLASS INSURANCE					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,651	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	634,167	2.00
3.00	AMBULANCE SERVICES	95.00	0	44,012	3.00
4.00	LABORATORY	60.00	0	4,075	4.00
	0		0	683,905	
D - RECLASS BILLING COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	917,902	714,174	1.00
	0		917,902	714,174	
E - RECLASS HYPERBARIC THERAPY EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	70,149	104,997	1.00
	0		70,149	104,997	
F - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,392,051	746,442	1.00
	0		1,392,051	746,442	
G - RECLASS WELLNESS					
1.00	WELLNESS COMMUNITY	194.00	185,846	70,304	1.00
	0		185,846	70,304	
H - RECLASS PHYSICIAN FEES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,000	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,447,543	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	5,650	3.00
4.00	SUBPROVIDER - IRF	41.00	0	206,871	4.00
5.00	OPERATING ROOM	50.00	0	815,280	5.00
6.00	ANESTHESIOLOGY	53.00	0	60,000	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	84,375	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	73,919	8.00
9.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	9.00
10.00	RESPIRATORY THERAPY	65.00	0	28,526	10.00
11.00	PHYSICAL THERAPY	66.00	0	50,000	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	93,301	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,650	13.00
14.00	CARDIAC REHABILITATION	76.97	0	3,698	14.00
15.00	EMERGENCY	91.00	0	1,408,873	15.00
16.00	AMBULANCE SERVICES	95.00	0	13,125	16.00
17.00	WOUND CENTER	90.03	0	36,800	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	2,550	18.00
19.00	EMERGENCY	91.00	0	384,772	19.00
	0		0	4,998,933	
I - RECLASS REHAB SERVICES					
1.00	OCCUPATIONAL THERAPY	67.00	35,851	12,861	1.00
2.00	PHYSICAL THERAPY	66.00	48,784	11,863	2.00
3.00	SPEECH PATHOLOGY	68.00	21,170	14,077	3.00
4.00	SUBPROVIDER - IRF	41.00	142,317	6,779	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	17,311	5,649	5.00
6.00	SOCIAL SERVICE	17.00	1,731	565	6.00
7.00	ADULTS & PEDIATRICS	30.00	13,324	3,954	7.00
8.00	NEUROPSYCH	90.02	13,862	4,519	8.00
9.00	WOUND CENTER	90.03	24	9,860	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	2	4,466	10.00
11.00	WELLNESS COMMUNITY	194.00	3,603	1,130	11.00
	0		297,979	75,723	
J - RECLASS PHARMACY RES PROGRAM					
1.00	PHARMACY RESIDENCY PROG	23.02	181,695	0	1.00
2.00	PHARMACY RESIDENCY PROG	23.02	0	2,722	2.00
3.00	PHARMACY RESIDENCY PROG	23.02	0	1,665	3.00
	0		181,695	4,387	
K - RECLASS RENT EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,031	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	196,294	2.00
3.00	OPERATION OF PLANT	7.00	0	49,050	3.00
4.00	XRAY EDUCATION	23.01	0	11,860	4.00
5.00	MAMMOGRAPHY	54.03	0	140,965	5.00
6.00	LABORATORY	60.00	0	14,909	6.00
7.00	PHYSICAL THERAPY	66.00	0	316,348	7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	118,401	8.00
9.00	SPEECH PATHOLOGY	68.00	0	52,950	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	127,536	10.00
11.00	WOUND CENTER	90.03	0	73,773	11.00
12.00	HYPERBARIC OXYGEN THERAPY	90.04	0	38,063	12.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 8:49 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00	AMBULANCE SERVICES	95.00	0	15,000	13.00
14.00	WELLNESS COMMUNITY	194.00	0	56,198	14.00
15.00	CRHP	194.08	0	450,331	15.00
	TOTALS		0	1,677,709	
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	12,687,225	1.00
	O		0	12,687,225	
N - RECLASS MAINTENANCE EXPENSE					
1.00	RESPIRATORY THERAPY	65.00	0	8,337	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	7,190	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	258,768	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	114,773	4.00
5.00	OPERATING ROOM	50.00	0	243,493	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	660,341	6.00
7.00	LABORATORY	60.00	0	111,148	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	6,300	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	852	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	243,416	10.00
11.00	MAMMOGRAPHY	54.03	0	239,400	11.00
12.00	ULTRASOUND	54.02	0	28,966	12.00
13.00	CT SCAN	57.00	0	189,932	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	173,861	14.00
15.00	MRI	58.00	0	131,327	15.00
16.00	PHARMACY	15.00	0	46,682	16.00
17.00	EMERGENCY	91.00	0	3,569	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	18,497	18.00
19.00	ANESTHESIOLOGY	53.00	0	3,125	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,500	20.00
	O		0	2,492,477	
O - RECLASS DIRECTOR PHARMACY					
1.00	EMERGENCY	91.00	70,325	0	1.00
2.00	RESPIRATORY THERAPY	65.00	58,604	0	2.00
3.00	AMBULANCE SERVICES	95.00	46,883	0	3.00
	TOTALS		175,812	0	
Q - RECLASS XRAY EDUCATION EXPENSES					
1.00	XRAY EDUCATION	23.01	115	0	1.00
2.00	XRAY EDUCATION	23.01	55	0	2.00
3.00	XRAY EDUCATION	23.01	0	13,206	3.00
4.00	XRAY EDUCATION	23.01	325,525	2,665	4.00
	O		325,695	15,871	
R - RECLASS ADMIN HEALTHY COMMUNITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	39,123	0	1.00
	O		39,123	0	
S - RECLASS NON ALLOW ADVERTISING COSTS					
1.00	NONALLOWABLE MARKETING	194.05	0	1,120,493	1.00
	O		0	1,120,493	
U - RECLASS CHARGEABLE SUPPLY COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	247,466	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	151,282	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,143	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,723	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,927,663	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,655,430	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,760	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	99,090	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	681,435	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,125	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	56,799	11.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 8:49 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,610	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	683,584	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	125,280	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,963,073	15.00	
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,504,487	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	55,295	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,426	18.00	
19.00	SPEECH - HEARING AIDS	194.04	0	269,667	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	546,706	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	97,225	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	36,868	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,730	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,716	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,923	25.00	
	0		0	17,184,506		
V - RECL PTO COST FOR STD ELIMINATION PD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,689	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,461	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,924	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,036	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,585	5.00	
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43,580	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,273	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	382	8.00	
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,181	9.00	
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,753	10.00	
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,098	11.00	
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,034	12.00	
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,650	13.00	
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,800	14.00	
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	99,482	15.00	
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,427	16.00	
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,064	17.00	
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,768	18.00	
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,211	19.00	
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,925	20.00	
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,422	21.00	
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,686	22.00	
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,089	23.00	
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,600	24.00	
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,225	25.00	
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,970	26.00	
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,374	27.00	
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,638	28.00	
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,045	29.00	
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,427	30.00	
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	785	31.00	
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,205	32.00	
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,911	33.00	
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,912	34.00	
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,347	35.00	
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,426	36.00	
37.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	214	37.00	
	0		0	536,599		
W - RECLASS DEPT 9902 EMP BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	461,502	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	203,589	2.00	
3.00	OPERATING ROOM	50.00	0	2,337,497	3.00	
4.00	RECOVERY ROOM	51.00	0	321,348	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	398	5.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	29,912	7.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	774,738	0	8.00
9.00	OPERATION OF PLANT	7.00	46,124	0	9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	463	0	10.00
11.00	HOUSEKEEPING	9.00	22,230	0	11.00
12.00	DIETARY	10.00	7,585	0	12.00
13.00	CAFETERIA	11.00	14,712	0	13.00
14.00	NURSING ADMINISTRATION	13.00	95,036	0	14.00
15.00	PHARMACY	15.00	44,933	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	30,231	0	16.00
17.00	SOCIAL SERVICE	17.00	9,197	0	17.00
18.00	XRAY EDUCATION	23.01	926	0	18.00
19.00	PHARMACY RESIDENCY PROG	23.02	695	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	112,829	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	16,827	0	21.00
22.00	SUBPROVIDER - IRF	41.00	8,798	0	22.00
23.00	NURSERY	43.00	4,862	0	23.00
24.00	OPERATING ROOM	50.00	7,998	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	26,365	0	25.00
26.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,084	0	26.00
27.00	ULTRASOUND	54.02	3,473	0	27.00
28.00	MAMMOGRAPHY	54.03	10,519	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	4,631	0	29.00
30.00	CT SCAN	57.00	3,473	0	30.00
31.00	MRI	58.00	1,621	0	31.00
32.00	CARDIAC CATHETERIZATION	59.00	14,564	0	32.00
33.00	LABORATORY	60.00	42,300	0	33.00
34.00	LABORATORY-PATHOLOGICAL	60.01	1,852	0	34.00
35.00	RESPIRATORY THERAPY	65.00	13,823	0	35.00
36.00	PHYSICAL THERAPY	66.00	32,929	0	36.00
37.00	OCCUPATIONAL THERAPY	67.00	8,170	0	37.00
38.00	SPEECH PATHOLOGY	68.00	3,276	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	3,473	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	6,739	0	40.00
41.00	CLINIC	90.00	6,251	0	41.00
42.00	DIABETES CENTER	90.01	463	0	42.00
43.00	NEUROPSYCH	90.02	1,621	0	43.00
44.00	WOUND CENTER	90.03	6,497	0	44.00
46.00	EMERGENCY	91.00	33,198	0	46.00
47.00	AMBULANCE SERVICES	95.00	28,099	0	47.00
48.00	CARDIAC REHABILITATION	76.97	1,158	0	48.00
49.00	HEALTHY COMMUNITIES	194.07	12,306	0	49.00
50.00	VIMCARE CLINIC	90.05	4,631	0	50.00
51.00	MEDICATION MGMT CLINIC	90.06	1,389	0	51.00
53.00	WELLNESS COMMUNITY	194.00	5,045	0	53.00
	0		1,478,134	3,354,246	
X - RECLASS OT SALARIES AND OTHER EXP					
1.00	OCCUPATIONAL THERAPY	67.00	402,895	92,299	1.00
	0		402,895	92,299	
Y - RECL MILLRACE FOR WELLNESS/OP/PT					
1.00	OCCUPATIONAL THERAPY	67.00	0	2,090	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	3,217	2.00
	0		0	5,307	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED	62.00	73,892	0	1.00
	BLOOD CELL				
	0		73,892	0	
500.00	Grand Total: Increases		5,541,173	48,839,478	500.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 8:49 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	1,615,481	11		1.00
2.00	INTEREST EXPENSE	113.00	0	518,400	11		2.00
	0		0	2,133,881			
C - RECLASS INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,651	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	634,167	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	44,012	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	4,075	0		4.00
	0		0	683,905			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	917,902	714,174	0		1.00
	0		917,902	714,174			
E - RECLASS HYPERBARIC THERAPY EXPENSE							
1.00	WOUND CENTER	90.03	70,149	104,997	0		1.00
	0		70,149	104,997			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,392,051	746,442	0		1.00
	0		1,392,051	746,442			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	185,846	70,304	0		1.00
	0		185,846	70,304			
H - RECLASS PHYSICIAN FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	50,000	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,447,543	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	5,650	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	206,871	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	815,280	0		5.00
6.00	OPERATING ROOM	50.00	0	60,000	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	84,375	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	73,919	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	225,000	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	28,526	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	50,000	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	93,301	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	8,650	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	0	3,698	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	1,408,873	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	13,125	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	36,800	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	2,550	0		18.00
19.00	OPERATING ROOM	50.00	0	384,772	0		19.00
	0		0	4,998,933			
I - RECLASS REHAB SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	35,851	12,861	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	48,784	11,863	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	21,170	14,077	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	142,317	6,779	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	17,311	5,649	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	1,731	565	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	13,324	3,954	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	13,862	4,519	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	24	9,860	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	2	4,466	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	3,603	1,130	0		11.00
	0		297,979	75,723			
J - RECLASS PHARMACY RES PROGRAM							
1.00	PHARMACY	15.00	181,695	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,722	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,665	0		3.00
	0		181,695	4,387			
K - RECLASS RENT EXPENSE							
1.00	BUILDING RENTALS	194.01	0	16,031	0		1.00
2.00	BUILDING RENTALS	194.01	0	196,294	0		2.00
3.00	BUILDING RENTALS	194.01	0	49,050	0		3.00
4.00	BUILDING RENTALS	194.01	0	11,860	0		4.00
5.00	BUILDING RENTALS	194.01	0	140,965	0		5.00
6.00	BUILDING RENTALS	194.01	0	14,909	0		6.00
7.00	BUILDING RENTALS	194.01	0	316,348	0		7.00
8.00	BUILDING RENTALS	194.01	0	118,401	0		8.00
9.00	BUILDING RENTALS	194.01	0	52,950	0		9.00
10.00	BUILDING RENTALS	194.01	0	127,536	0		10.00
11.00	BUILDING RENTALS	194.01	0	73,773	0		11.00
12.00	BUILDING RENTALS	194.01	0	38,063	0		12.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	BUILDING RENTALS	194.01	0	15,000	0	13.00	
14.00	BUILDING RENTALS	194.01	0	56,198	0	14.00	
15.00	BUILDING RENTALS	194.01	0	450,331	0	15.00	
	TOTALS		0	1,677,709			
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	12,687,225	9	1.00	
	O		0	12,687,225			
N - RECLASS MAINTENANCE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	8,337	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	7,190	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	258,768	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	114,773	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	243,493	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	660,341	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	111,148	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	6,300	0	8.00	
9.00	OPERATION OF PLANT	7.00	0	852	0	9.00	
10.00	OPERATION OF PLANT	7.00	0	243,416	0	10.00	
11.00	OPERATION OF PLANT	7.00	0	239,400	0	11.00	
12.00	OPERATION OF PLANT	7.00	0	28,966	0	12.00	
13.00	OPERATION OF PLANT	7.00	0	189,932	0	13.00	
14.00	OPERATION OF PLANT	7.00	0	173,861	0	14.00	
15.00	OPERATION OF PLANT	7.00	0	131,327	0	15.00	
16.00	OPERATION OF PLANT	7.00	0	46,682	0	16.00	
17.00	OPERATION OF PLANT	7.00	0	3,569	0	17.00	
18.00	OPERATION OF PLANT	7.00	0	18,497	0	18.00	
19.00	OPERATION OF PLANT	7.00	0	3,125	0	19.00	
20.00	OPERATION OF PLANT	7.00	0	2,500	0	20.00	
	O		0	2,492,477			
O - RECLASS DIRECTOR PHARMACY							
1.00	PHARMACY	15.00	70,325	0	0	1.00	
2.00	PHARMACY	15.00	58,604	0	0	2.00	
3.00	PHARMACY	15.00	46,883	0	0	3.00	
	TOTALS		175,812	0			
Q - RECLASS XRAY EDUCATION EXPENSES							
1.00	NURSING ADMINISTRATION	13.00	115	0	0	1.00	
2.00	RESPIRATORY THERAPY	65.00	55	0	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,206	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	325,525	2,665	0	4.00	
	O		325,695	15,871			
R - RECLASS ADMIN HEALTHY COMMUNITIES							
1.00	HEALTHY COMMUNITIES	194.07	39,123	0	0	1.00	
	O		39,123	0			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,120,493	0	1.00	
	O		0	1,120,493			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	247,466	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	151,282	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	7,143	0	3.00	
4.00	NURSERY	43.00	0	3,723	0	4.00	
5.00	OPERATING ROOM	50.00	0	2,927,663	0	5.00	
6.00	OPERATING ROOM	50.00	0	6,655,430	0	6.00	
7.00	DIABETES CENTER	90.01	0	5,760	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	99,090	0	8.00	
9.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	681,435	0	9.00	
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,125	0	10.00	
11.00	MAMMOGRAPHY	54.03	0	56,799	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,610	0	12.00	
13.00	CT SCAN	57.00	0	683,584	0	13.00	
14.00	MRI	58.00	0	125,280	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	1,963,073	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	2,504,487	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	55,295	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	23,426	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	269,667	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	546,706	0	20.00	
21.00	WOUND CENTER	90.03	0	97,225	0	21.00	
22.00	EMERGENCY	91.00	0	36,868	0	22.00	
23.00	AMBULANCE SERVICES	95.00	0	26,730	0	23.00	
24.00	NURSING ADMINISTRATION	13.00	0	5,716	0	24.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
25.00	CLINIC	90.00	0	2,923	0		25.00
	0		0	17,184,506			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	13,689	0	0		1.00
2.00	VIMCARE CLINIC	90.05	2,461	0	0		2.00
3.00	MAMMOGRAPHY	54.03	8,924	0	0		3.00
4.00	SOCIAL SERVICE	17.00	7,036	0	0		4.00
5.00	ULTRA SOUND	54.02	10,585	0	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	43,580	0	0		6.00
7.00	OPERATION OF PLANT	7.00	11,273	0	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	382	0	0		8.00
9.00	HOUSEKEEPING	9.00	14,181	0	0		9.00
10.00	DIETARY	10.00	6,753	0	0		10.00
11.00	CAFETERIA	11.00	13,098	0	0		11.00
12.00	NURSING ADMINISTRATION	13.00	22,034	0	0		12.00
13.00	PHARMACY	15.00	36,650	0	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	10,800	0	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	99,482	0	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	14,427	0	0		16.00
17.00	SUBPROVIDER - IRF	41.00	16,064	0	0		17.00
18.00	NURSERY	43.00	19,768	0	0		18.00
19.00	OPERATING ROOM	50.00	15,211	0	0		19.00
20.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	3,925	0	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	10,422	0	0		21.00
22.00	LABORATORY-PATHOLOGICAL	60.01	1,686	0	0		22.00
23.00	NEUROPSYCH	90.02	1,089	0	0		23.00
24.00	CT SCAN	57.00	4,600	0	0		24.00
25.00	MRI	58.00	3,225	0	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	22,970	0	0		26.00
27.00	LABORATORY	60.00	24,374	0	0		27.00
28.00	RESPIRATORY THERAPY	65.00	10,638	0	0		28.00
29.00	PHYSICAL THERAPY	66.00	22,045	0	0		29.00
30.00	WOUND CENTER	90.03	11,427	0	0		30.00
31.00	SPEECH PATHOLOGY	68.00	785	0	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	2,205	0	0		32.00
33.00	EMERGENCY	91.00	35,911	0	0		33.00
34.00	AMBULANCE SERVICES	95.00	9,912	0	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	1,347	0	0		35.00
36.00	CLINIC	90.00	3,426	0	0		36.00
37.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	214	0	0		37.00
	0		536,599	0			
W - RECLASS DEPT 9902 EMP BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	461,502	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	203,589	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,337,497	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	321,348	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	398	0		5.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,912	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	774,738	0	0		8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	46,124	0	0		9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	463	0	0		10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	22,230	0	0		11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,585	0	0		12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,712	0	0		13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	95,036	0	0		14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	44,933	0	0		15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	30,231	0	0		16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,197	0	0		17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	926	0	0		18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	695	0	0		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	112,829	0	0		20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,827	0	0		21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,798	0	0		22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,862	0	0		23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,998	0	0		24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	26,365	0	0		25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,084	0	0		26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,473	0	0		27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,519	0	0		28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,631	0	0		29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,473	0	0		30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,621	0	0		31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,564	0	0		32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	42,300	0	0		33.00

RECLASSIFICATIONS

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Period:
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Decreases									
	Cost Center	Line #	Salary	Other	Wkst.	A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00				
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,852	0					34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,823	0					35.00
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,929	0					36.00
37.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,170	0					37.00
38.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,276	0					38.00
39.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,473	0					39.00
40.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,739	0					40.00
41.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,251	0					41.00
42.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	463	0					42.00
43.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,621	0					43.00
44.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,497	0					44.00
46.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	33,198	0					46.00
47.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	28,099	0					47.00
48.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,158	0					48.00
49.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,306	0					49.00
50.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,631	0					50.00
51.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,389	0					51.00
53.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,045	0					53.00
			1,478,134	3,354,246					
X - RECLASS OT SALARIES AND OTHER EXP									
1.00	PHYSICAL THERAPY	66.00	402,895	92,299					1.00
			402,895	92,299					
Y - RECLASS RACE FOR WELLNESS/OP/PT									
1.00	PHYSICAL THERAPY	66.00	0	2,090					1.00
2.00	WELLNESS COMMUNITY	194.00	0	3,217					2.00
			0	5,307					
Z - RECLASS LAB BLOOD SUPERVISOR									
1.00	LABORATORY	60.00	73,892	0					1.00
			73,892	0					
500.00	Grand Total : Decreases		6,077,772	48,302,879					500.00

RECLASSIFICATIONS

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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	1,615,481	INTEREST EXPENSE	113.00	0	1,615,481	1.00
2.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	518,400	INTEREST EXPENSE	113.00	0	518,400	2.00
	O		0	2,133,881	O		0	2,133,881	
C - RECLASS INSURANCE									
1.00	OCCUPATI ONAL THERAPY	67.00	0	1,651	ADMI NI STRATI VE & GENERAL	5.00	0	1,651	1.00
2.00	CAP REL COSTS-BLDG & FI XT	1.00	0	634,167	ADMI NI STRATI VE & GENERAL	5.00	0	634,167	2.00
3.00	AMBULANCE SERVI CES	95.00	0	44,012	ADMI NI STRATI VE & GENERAL	5.00	0	44,012	3.00
4.00	LABORATORY	60.00	0	4,075	ADMI NI STRATI VE & GENERAL	5.00	0	4,075	4.00
	O		0	683,905	O		0	683,905	
D - RECLASS BILLING COST									
1.00	ADMI NI STRATI VE & GENERAL	5.00	917,902	714,174	MEDI CAL RECORDS & LI BRARY	16.00	917,902	714,174	1.00
	O		917,902	714,174	O		917,902	714,174	
E - RECLASS HYPERBARIC THERAPY EXPENSE									
1.00	HYPERBARIC OXYGEN THERAPY	90.04	70,149	104,997	WOUND CENTER	90.03	70,149	104,997	1.00
	O		70,149	104,997	O		70,149	104,997	
F - RECLASS CAFETERIA EXPENSE									
1.00	CAFETERIA	11.00	1,392,051	746,442	DI ETARY	10.00	1,392,051	746,442	1.00
	O		1,392,051	746,442	O		1,392,051	746,442	
G - RECLASS WELLNESS									
1.00	WELLNESS COMMUNI TY	194.00	185,846	70,304	EMPLOYEE BENEFIT S DEPARTMENT	4.00	185,846	70,304	1.00
	O		185,846	70,304	O		185,846	70,304	
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	1,447,543	ADMI NI STRATI VE & GENERAL	5.00	0	1,447,543	2.00
3.00	INTENSI VE CARE UNI T	31.00	0	5,650	ADMI NI STRATI VE & GENERAL	5.00	0	5,650	3.00
4.00	SUBPROVI DER - I RF	41.00	0	206,871	ADMI NI STRATI VE & GENERAL	5.00	0	206,871	4.00
5.00	OPERATI NG ROOM	50.00	0	815,280	ADMI NI STRATI VE & GENERAL	5.00	0	815,280	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	84,375	ADMI NI STRATI VE & GENERAL	5.00	0	84,375	7.00
8.00	CARDI AC CATHETERI ZATI ON	59.00	0	73,919	ADMI NI STRATI VE & GENERAL	5.00	0	73,919	8.00
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	28,526	ADMI NI STRATI VE & GENERAL	5.00	0	28,526	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	93,301	ADMI NI STRATI VE & GENERAL	5.00	0	93,301	12.00
13.00	ELECTROENCEPHALOGRAPH Y	70.00	0	8,650	ADMI NI STRATI VE & GENERAL	5.00	0	8,650	13.00
14.00	CARDI AC REHABI LI TATI ON	76.97	0	3,698	ADMI NI STRATI VE & GENERAL	5.00	0	3,698	14.00
15.00	EMERGENCY	91.00	0	1,408,873	ADMI NI STRATI VE & GENERAL	5.00	0	1,408,873	15.00
16.00	AMBULANCE SERVI CES	95.00	0	13,125	ADMI NI STRATI VE & GENERAL	5.00	0	13,125	16.00
17.00	WOUND CENTER	90.03	0	36,800	ADMI NI STRATI VE & GENERAL	5.00	0	36,800	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	2,550	ADMI NI STRATI VE & GENERAL	5.00	0	2,550	18.00
19.00	EMERGENCY	91.00	0	384,772	OPERATI NG ROOM	50.00	0	384,772	19.00
	O		0	4,998,933	O		0	4,998,933	
I - RECLASS REHAB SERVI CES									
1.00	OCCUPATI ONAL THERAPY	67.00	35,851	12,861	ADMI NI STRATI VE & GENERAL	5.00	35,851	12,861	1.00
2.00	PHYSI CAL THERAPY	66.00	48,784	11,863	ADMI NI STRATI VE & GENERAL	5.00	48,784	11,863	2.00
3.00	SPEECH PATHOLOGY	68.00	21,170	14,077	ADMI NI STRATI VE & GENERAL	5.00	21,170	14,077	3.00

RECLASSIFICATIONS

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

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		
4.00	SUBPROVIDER - IRF	41.00	142,317	6,779	ADMINISTRATIVE & GENERAL	5.00	142,317	6,779	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	17,311	5,649	ADMINISTRATIVE & GENERAL	5.00	17,311	5,649	5.00
6.00	SOCIAL SERVICE	17.00	1,731	565	ADMINISTRATIVE & GENERAL	5.00	1,731	565	6.00
7.00	ADULTS & PEDIATRICS	30.00	13,324	3,954	ADMINISTRATIVE & GENERAL	5.00	13,324	3,954	7.00
8.00	NEUROPSYCH	90.02	13,862	4,519	ADMINISTRATIVE & GENERAL	5.00	13,862	4,519	8.00
9.00	WOUND CENTER	90.03	24	9,860	ADMINISTRATIVE & GENERAL	5.00	24	9,860	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	2	4,466	ADMINISTRATIVE & GENERAL	5.00	2	4,466	10.00
11.00	WELLNESS COMMUNITY	194.00	3,603	1,130	ADMINISTRATIVE & GENERAL	5.00	3,603	1,130	11.00
0			297,979	75,723	0		297,979	75,723	
J - RECLASS PHARMACY RES PROGRAM									
1.00	PHARMACY RESIDENCY PROG	23.02	181,695	0	PHARMACY	15.00	181,695	0	1.00
2.00	PHARMACY RESIDENCY PROG	23.02	0	2,722	ADMINISTRATIVE & GENERAL	5.00	0	2,722	2.00
3.00	PHARMACY RESIDENCY PROG	23.02	0	1,665	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,665	3.00
0			181,695	4,387	0		181,695	4,387	
K - RECLASS RENT EXPENSE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,031	BUILDING RENTALS	194.01	0	16,031	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	196,294	BUILDING RENTALS	194.01	0	196,294	2.00
3.00	OPERATION OF PLANT	7.00	0	49,050	BUILDING RENTALS	194.01	0	49,050	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	140,965	BUILDING RENTALS	194.01	0	140,965	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	316,348	BUILDING RENTALS	194.01	0	316,348	7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	118,401	BUILDING RENTALS	194.01	0	118,401	8.00
9.00	SPEECH PATHOLOGY	68.00	0	52,950	BUILDING RENTALS	194.01	0	52,950	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	73,773	BUILDING RENTALS	194.01	0	73,773	11.00
12.00	HYPERBARIC OXYGEN THERAPY	90.04	0	38,063	BUILDING RENTALS	194.01	0	38,063	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	56,198	BUILDING RENTALS	194.01	0	56,198	14.00
15.00	CRHP	194.08	0	450,331	BUILDING RENTALS	194.01	0	450,331	15.00
	TOTALS		0	1,677,709	TOTALS		0	1,677,709	
L - RECLASS MARKETING EXPENSE									
1.00	NONALLOWABLE MARKETING	194.05	0	140,000	ADMINISTRATIVE & GENERAL	5.00	0	140,000	1.00
0			0	140,000	0		0	140,000	
M - RECLASS DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,687,225	CAP REL COSTS-BLDG & FIXT	1.00	0	12,687,225	1.00
0			0	12,687,225	0		0	12,687,225	
N - RECLASS MAINTENANCE EXPENSE									
1.00	RESPIRATORY THERAPY	65.00	0	8,337	OPERATION OF PLANT	7.00	0	8,337	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	7,190	OPERATION OF PLANT	7.00	0	7,190	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	258,768	OPERATION OF PLANT	7.00	0	258,768	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	114,773	OPERATION OF PLANT	7.00	0	114,773	4.00
5.00	OPERATING ROOM	50.00	0	243,493	OPERATION OF PLANT	7.00	0	243,493	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	660,341	OPERATION OF PLANT	7.00	0	660,341	6.00
7.00	LABORATORY	60.00	0	111,148	OPERATION OF PLANT	7.00	0	111,148	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	6,300	OPERATION OF PLANT	7.00	0	6,300	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	852	OPERATION OF PLANT	7.00	0	852	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	243,416	OPERATION OF PLANT	7.00	0	243,416	10.00
11.00	MAMMOGRAPHY	54.03	0	239,400	OPERATION OF PLANT	7.00	0	239,400	11.00
12.00	ULTRA SOUND	54.02	0	28,966	OPERATION OF PLANT	7.00	0	28,966	12.00
13.00	CT SCAN	57.00	0	189,932	OPERATION OF PLANT	7.00	0	189,932	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	173,861	OPERATION OF PLANT	7.00	0	173,861	14.00
15.00	MRI	58.00	0	131,327	OPERATION OF PLANT	7.00	0	131,327	15.00
16.00	PHARMACY	15.00	0	46,682	OPERATION OF PLANT	7.00	0	46,682	16.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

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		
17.00	EMERGENCY	91.00	0	3,569	OPERATION OF PLANT	7.00	0	3,569	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	18,497	OPERATION OF PLANT	7.00	0	18,497	18.00
19.00	ANESTHESIOLOGY	53.00	0	3,125	OPERATION OF PLANT	7.00	0	3,125	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,500	OPERATION OF PLANT	7.00	0	2,500	20.00
			0	2,492,477			0	2,492,477	
O - RECLASS DIRECTOR PHARMACY									
1.00	EMERGENCY	91.00	70,325	0	PHARMACY	15.00	70,325	0	1.00
2.00	RESPIRATORY THERAPY	65.00	58,604	0	PHARMACY	15.00	58,604	0	2.00
3.00	AMBULANCE SERVICES	95.00	46,883	0	PHARMACY	15.00	46,883	0	3.00
	TOTALS		175,812	0	TOTALS		175,812	0	
Q - RECLASS XRAY EDUCATION EXPENSES									
1.00	XRAY EDUCATION	23.01	115	0	NURSING ADMINISTRATION	13.00	115	0	1.00
2.00	XRAY EDUCATION	23.01	55	0	RESPIRATORY THERAPY	65.00	55	0	2.00
3.00	XRAY EDUCATION	23.01	0	13,206	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,206	3.00
4.00	XRAY EDUCATION	23.01	325,525	2,665	RADIOLOGY-DIAGNOSTIC	54.00	325,525	2,665	4.00
			325,695	15,871			325,695	15,871	
R - RECLASS ADMIN HEALTHY COMMUNITIES									
1.00	ADMINISTRATIVE & GENERAL	5.00	39,123	0	HEALTHY COMMUNITIES	194.07	39,123	0	1.00
			39,123	0			39,123	0	
S - RECLASS NON ALLOW ADVERTISING COSTS									
1.00	NONALLOWABLE MARKETING	194.05	0	1,120,493	ADMINISTRATIVE & GENERAL	5.00	0	1,120,493	1.00
			0	1,120,493			0	1,120,493	
U - RECLASS CHARGEABLE SUPPLY COST									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	247,466	ADULTS & PEDIATRICS	30.00	0	247,466	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	151,282	INTENSIVE CARE UNIT	31.00	0	151,282	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,143	SUBPROVIDER - IRF	41.00	0	7,143	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,723	NURSERY	43.00	0	3,723	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,927,663	OPERATING ROOM	50.00	0	2,927,663	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,655,430	OPERATING ROOM	50.00	0	6,655,430	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,760	DIABETES CENTER	90.01	0	5,760	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	99,090	RADIOLOGY-DIAGNOSTIC	54.00	0	99,090	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	681,435	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	681,435	9.00
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	56,799	MAMMOGRAPHY	54.03	0	56,799	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,610	RADIOLOGY-THERAPEUTIC	55.00	0	6,610	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	683,584	CT SCAN	57.00	0	683,584	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	125,280	MRI	58.00	0	125,280	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,963,073	CARDIAC CATHETERIZATION	59.00	0	1,963,073	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,504,487	CARDIAC CATHETERIZATION	59.00	0	2,504,487	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	55,295	RESPIRATORY THERAPY	65.00	0	55,295	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,426	PHYSICAL THERAPY	66.00	0	23,426	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	269,667	SPEECH PATHOLOGY	68.00	0	269,667	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	546,706	ELECTROCARDIOLOGY	69.00	0	546,706	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	97,225	WOUND CENTER	90.03	0	97,225	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	36,868	EMERGENCY	91.00	0	36,868	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,730	AMBULANCE SERVICES	95.00	0	26,730	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,716	NURSING ADMINISTRATION	13.00	0	5,716	24.00

RECLASSIFICATIONS

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

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	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,923	CLINIC	90.00	0	2,923	25.00
			0	17,184,506			0	17,184,506	
V - RECL PTO COST FOR STD ELIMINATION PD									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,689	RADIOLOGY-DIAGNOSTIC	54.00	13,689	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,461	VIMCARE CLINIC	90.05	2,461	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,924	MAMMOGRAPHY	54.03	8,924	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,036	SOCIAL SERVICE	17.00	7,036	0	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,585	ULTRA SOUND	54.02	10,585	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43,580	ADMINISTRATIVE & GENERAL	5.00	43,580	0	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,273	OPERATION OF PLANT	7.00	11,273	0	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	382	LAUNDRY & LINEN SERVICE	8.00	382	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,181	HOUSEKEEPING	9.00	14,181	0	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,753	DIETARY	10.00	6,753	0	10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,098	CAFETERIA	11.00	13,098	0	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,034	NURSING ADMINISTRATION	13.00	22,034	0	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,650	PHARMACY	15.00	36,650	0	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,800	MEDICAL RECORDS & LIBRARY	16.00	10,800	0	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	99,482	ADULTS & PEDIATRICS	30.00	99,482	0	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,427	INTENSIVE CARE UNIT	31.00	14,427	0	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,064	SUBPROVIDER - I RF	41.00	16,064	0	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,768	NURSERY	43.00	19,768	0	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,211	OPERATING ROOM	50.00	15,211	0	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,925	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	3,925	0	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,422	RADIOLOGY-THERAPEUTIC	55.00	10,422	0	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,686	LABORATORY-PATHOLOGICAL	60.01	1,686	0	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,089	NEUROPSYCH	90.02	1,089	0	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,600	CT SCAN	57.00	4,600	0	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,225	MRI	58.00	3,225	0	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,970	CARDIAC CATHETERIZATION	59.00	22,970	0	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,374	LABORATORY	60.00	24,374	0	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,638	RESPIRATORY THERAPY	65.00	10,638	0	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,045	PHYSICAL THERAPY	66.00	22,045	0	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,427	WOUND CENTER	90.03	11,427	0	30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	785	SPEECH PATHOLOGY	68.00	785	0	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,205	ELECTROCARDIOLOGY	69.00	2,205	0	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,911	EMERGENCY	91.00	35,911	0	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,912	AMBULANCE SERVICES	95.00	9,912	0	34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,347	ELECTROENCEPHALOGRAPHY	70.00	1,347	0	35.00
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,426	CLINIC	90.00	3,426	0	36.00

RECLASSIFICATIONS

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Period:
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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	
37.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	214	EMPLOYEE BENEFITS DEPARTMENT	4.00	214	0	37.00
	0		0	536,599	0		536,599	0	
W - RECLASS DEPT 9902 EMP BENEFITS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	461,502	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	461,502	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	203,589	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	203,589	2.00
3.00	OPERATING ROOM	50.00	0	2,337,497	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,337,497	3.00
4.00	RECOVERY ROOM	51.00	0	321,348	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	321,348	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	398	ANESTHESIOLOGY	53.00	0	398	5.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	29,912	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,912	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	774,738	0	ADMINISTRATIVE & GENERAL	5.00	774,738	0	8.00
9.00	OPERATION OF PLANT	7.00	46,124	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	46,124	0	9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	463	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	463	0	10.00
11.00	HOUSEKEEPING	9.00	22,230	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	22,230	0	11.00
12.00	DIETARY	10.00	7,585	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,585	0	12.00
13.00	CAFETERIA	11.00	14,712	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,712	0	13.00
14.00	NURSING	13.00	95,036	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	95,036	0	14.00
15.00	ADMINISTRATION PHARMACY	15.00	44,933	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	44,933	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	30,231	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	30,231	0	16.00
17.00	SOCIAL SERVICE	17.00	9,197	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,197	0	17.00
18.00	XRAY EDUCATION	23.01	926	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	926	0	18.00
19.00	PHARMACY RESIDENCY PROG	23.02	695	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	695	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	112,829	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	112,829	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	16,827	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,827	0	21.00
22.00	SUBPROVIDER - IRF	41.00	8,798	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,798	0	22.00
23.00	NURSERY	43.00	4,862	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,862	0	23.00
24.00	OPERATING ROOM	50.00	7,998	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,998	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	26,365	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	26,365	0	25.00
26.00	NUCLEAR	54.01	2,084	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,084	0	26.00
27.00	MEDICINE-DIAGNOSTIC	54.02	3,473	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,473	0	27.00
28.00	ULTRASOUND	54.03	10,519	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,519	0	28.00
29.00	MAMMOGRAPHY	54.03	10,519	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,519	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	4,631	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,631	0	29.00
30.00	CT SCAN	57.00	3,473	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,473	0	30.00
31.00	MRI	58.00	1,621	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,621	0	31.00
32.00	CARDIAC	59.00	14,564	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,564	0	32.00
33.00	CATHETERIZATION LABORATORY	60.00	42,300	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	42,300	0	33.00
34.00	LABORATORY-PATHOLOGICAL	60.01	1,852	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,852	0	34.00
35.00	RESPIRATORY THERAPY	65.00	13,823	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,823	0	35.00
36.00	PHYSICAL THERAPY	66.00	32,929	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,929	0	36.00
37.00	OCCUPATIONAL THERAPY	67.00	8,170	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,170	0	37.00

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		
38.00	SPEECH PATHOLOGY	68.00	3,276		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,276	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	3,473		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,473	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	6,739		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,739	0	40.00
41.00	CLINIC	90.00	6,251		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,251	0	41.00
42.00	DIABETES CENTER	90.01	463		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	463	0	42.00
43.00	NEUROPSYCH	90.02	1,621		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,621	0	43.00
44.00	WOUND CENTER	90.03	6,497		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,497	0	44.00
46.00	EMERGENCY	91.00	33,198		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	33,198	0	46.00
47.00	AMBULANCE SERVICES	95.00	28,099		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	28,099	0	47.00
48.00	CARDIAC REHABILITATION	76.97	1,158		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,158	0	48.00
49.00	HEALTHY COMMUNITIES	194.07	12,306		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,306	0	49.00
50.00	VIMCARE CLINIC	90.05	4,631		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,631	0	50.00
51.00	MEDICATION MGMT CLINIC	90.06	1,389		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,389	0	51.00
53.00	WELLNESS COMMUNITY	194.00	5,045		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,045	0	53.00
			1,478,134	3,354,246	0		1,478,134	3,354,246		
X - RECLASS OT SALARIES AND OTHER EXP										
1.00	OCCUPATIONAL THERAPY	67.00	402,895	92,299		PHYSICAL THERAPY	66.00	402,895	92,299	1.00
			402,895	92,299	0			402,895	92,299	
Y - RECLASS RACE FOR WELLNESS/OP/PT										
1.00	OCCUPATIONAL THERAPY	67.00	0	2,090		PHYSICAL THERAPY	66.00	0	2,090	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	3,217		WELLNESS COMMUNITY	194.00	0	3,217	2.00
			0	5,307	0			0	5,307	
Z - RECLASS LAB BLOOD SUPERVISOR										
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	73,892	0		LABORATORY	60.00	73,892	0	1.00
			73,892	0	0			73,892	0	
500.00	Grand Total : Increases		5,541,173	48,839,478		Grand Total : Decreases		6,077,772	48,302,879	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 8:49 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	2,421,066	0	0	445,014	1.00
2.00	Land Improvements	20,075,468	798,201	0	0	2.00
3.00	Buildings and Fixtures	96,970,197	4,790,599	0	388,525	3.00
4.00	Building Improvements	105,628,508	460,011	0	214,358	4.00
5.00	Fixed Equipment	9,435,554	155,102	0	96,740	5.00
6.00	Movable Equipment	152,668,624	29,459,227	0	27,114,119	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	387,199,417	35,663,140	0	28,258,756	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	387,199,417	35,663,140	0	28,258,756	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,976,052	0			1.00
2.00	Land Improvements	20,873,669	0			2.00
3.00	Buildings and Fixtures	101,372,271	0			3.00
4.00	Building Improvements	105,874,161	0			4.00
5.00	Fixed Equipment	9,493,916	0			5.00
6.00	Movable Equipment	155,013,732	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	394,603,801	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	394,603,801	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 8:49 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	21,357,468	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)	21,357,468	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	21,357,468				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	21,357,468				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 8:49 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	239,590,070	0	239,590,070	0.607166	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	155,013,732	0	155,013,732	0.392834	0	2.00
3.00	Total (sum of lines 1-2)	394,603,802	0	394,603,802	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	8,679,026	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,150,037	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,829,063	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	800,248	634,167	0	0	10,113,441	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	128,941	0	0	0	12,278,978	2.00
3.00	Total (sum of lines 1-2)	929,189	634,167	0	0	22,392,419	3.00

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	-774,983	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-124,800	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	-101,979	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-2,076	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	-141,053	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-9,843	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-215	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,293,984			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	-1,128,280			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-752,506	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	-22,932	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-20,524	XRAY EDUCATION	23.01	0	19.00
20.00	Vending machines	B	-140	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	-900	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 8:49 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	
34.00	DEPR PAT PHONES NEW EQUIP	A	-22,966	CAP REL COSTS-MVBLE EQUIP	2.00	9 34.00
35.00	TV DEPR NEW EQUIP	A	-18,634	CAP REL COSTS-MVBLE EQUIP	2.00	9 35.00
36.00	CAFETERIA VISITORS	A	-356,497	CAFETERIA	11.00	0 36.00
37.00	MEALS TO GO	A	-84,654	DIETARY	10.00	0 37.00
37.01	CANCER CENTER ADMIN CRHP OTHER REV	B	-11,408	CLINIC	90.00	0 37.01
38.00	OPERATING ROOM OTHER REV	B	-4,259	OPERATING ROOM	50.00	0 38.00
39.00	INPATIENT PT	B	-18	PHYSICAL THERAPY	66.00	0 39.00
40.00	EAP REVENUE	B	-15,930	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
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	-855	SPEECH PATHOLOGY	68.00	0 43.00
44.00	LABORATORY OTHER REVENUE	B	-2,104	LABORATORY	60.00	0 44.00
44.01	EMPLOY BENEFITS OTHER REVENUE	B	-25,513	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.01
45.00	EMERGENCY ROOM OTHER REV	B	-34,854	EMERGENCY	91.00	0 45.00
45.01	MEDICAL STAFF INCOME	B	-134,140	ADMINISTRATIVE & GENERAL	5.00	0 45.01
45.02	RADIOLOGY OTHER REVENUE	B	-17,414	RADIOLOGY-DIAGNOSTIC	54.00	0 45.02
45.03	BREAST FILM COPIES	B	-2,205	MAMMOGRAPHY	54.03	0 45.03
45.04	CARDIAC CATH LAB OTHER REVENUE	B	-63,375	CARDIAC CATHETERIZATION	59.00	0 45.04
45.05	FACILITIES OTHER REVENUE	B	-104,817	OPERATION OF PLANT	7.00	0 45.05
45.06	SICK BAY	B	-120	ADULTS & PEDIATRICS	30.00	0 45.06
45.07	RADIATION ONCOLOGY OTHER REVENUE	B	-19,917	RADIOLOGY-THERAPEUTIC	55.00	0 45.07
45.08	CRHP OTHER REVENUE ADMIN	B	-1,685,717	ADMINISTRATIVE & GENERAL	5.00	0 45.08
45.09	CRHP OTHER REVENUE BUILDING RENTALS	B	-297,442	CRHP	194.08	0 45.09
45.10	CRHP OTHER REVENUE EMPLOYEE BENEFITS	B	-281,472	ADMINISTRATIVE & GENERAL	5.00	0 45.10
45.11	FOOD OTHER REVENUE	B	-40,023	DIETARY	10.00	0 45.11
45.12	WELLCONNECT OTHER REVENUE	B	-450	ADMINISTRATIVE & GENERAL	5.00	0 45.12
45.13	PROTECTIVE SERV OTHER REVENUE	B	-8,400	OPERATION OF PLANT	7.00	0 45.13
45.14	PHARMACY OTHER REVENUE	B	-55,847	PHARMACY	15.00	0 45.14
45.15	HUMAN RESOURCES OTHER REVENUE	B	-18,926	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.15
45.16	LACTATION AND PREPARE OTHER REVENUE	B	-4,885	ADULTS & PEDIATRICS	30.00	0 45.16
45.17	VOLUNTEER OTHER REVENUE	B	-82,220	ADMINISTRATIVE & GENERAL	5.00	0 45.17
45.18	RENTAL PROPERTIES DEPRECIATION	A	-121,726	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	-209,007	ADMINISTRATIVE & GENERAL	5.00	0 45.22
45.23	DEPRECIATION RELI FED BUILDING	A	30,488	CAP REL COSTS-BLDG & FIXT	1.00	9 45.23
45.24	INFO SERVICES OTHER REVENUE	B	-960	ADMINISTRATIVE & GENERAL	5.00	0 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 BUILDING	A	-40,250	CAP REL COSTS-BLDG & FIXT	1.00	11 45.28
45.29	NONALLOWABLE INT EXP EQUIPMENT	A	-264,659	CAP REL COSTS-MVBLE EQUIP	2.00	11 45.29
45.30	UNALLOWABLE AHA MEMBERSHIP DUES	A	-14,251	ADMINISTRATIVE & GENERAL	5.00	0 45.30
45.31	AMBULANCE SERVICES	B	-509,097	AMBULANCE SERVICES	95.00	0 45.31
45.32	DEPRECIATION RELI FED EQUIPMENT	B	-495,588	CAP REL COSTS-MVBLE EQUIP	2.00	9 45.32
45.33	CARDIOLOGY OTHER REVENUE	B	-9,145	ELECTROCARDIOLOGY	69.00	0 45.33
45.34	HAF ADJUSTMENT	A	-12,201,088	ADMINISTRATIVE & GENERAL	5.00	0 45.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,506,539			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 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 8:49 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	5,346,100
2.00	0.00			0	0
3.00	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,217,820	5,346,100

* 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 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 8:49 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	-1,128,280	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-1,128,280			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 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 8:49 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	5,546,637	5,237,876	308,761	211,500	1,671	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,447,544	1,161,912	285,632	211,500	2,817	2.00
3.00	31.00	INTENSIVE CARE UNIT	5,650	0	5,650	211,500	57	3.00
4.00	41.00	SUBPROVIDER - IRF	206,871	0	206,871	211,500	4,256	4.00
5.00	50.00	OPERATING ROOM	2,692,922	92,430	2,600,492	246,400	13,624	5.00
6.00	53.00	ANESTHESIOLOGY	60,000	0	60,000	246,400	487	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	50,000	0	50,000	271,900	346	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	84,375	0	84,375	271,900	590	8.00
9.00	59.00	CARDIAC CATHETERIZATION	73,919	0	73,919	211,500	458	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,200	1,722	10.00
11.00	65.00	RESPIRATORY THERAPY	29,000	0	29,000	211,500	195	11.00
12.00	66.00	PHYSICAL THERAPY	50,000	0	50,000	211,500	252	12.00
13.00	69.00	ELECTROCARDIOLOGY	93,301	0	93,301	211,500	667	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	8,650	0	8,650	211,500	86	14.00
15.00	76.97	CARDIAC REHABILITATION	3,698	0	3,698	211,500	23	15.00
16.00	90.02	NEUROPSYCH	197,077	197,077	0	211,500	0	16.00
17.00	90.03	WOUND CENTER	36,800	0	36,800	211,500	162	17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	2,550	0	2,550	211,500	11	18.00
19.00	91.00	EMERGENCY	2,242,745	0	2,242,745	211,500	18,668	19.00
20.00	95.00	AMBULANCE SERVICES	13,125	0	13,125	211,500	116	20.00
200.00			13,069,864	6,689,295	6,380,569		46,208	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	169,912	8,496	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	286,440	14,322	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	5,796	290	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	432,762	21,638	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,613,920	80,696	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	57,691	2,885	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	45,229	2,261	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	77,126	3,856	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	46,571	2,329	0	0	0	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	215,416	10,771	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	19,828	991	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	25,624	1,281	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	67,822	3,391	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	8,745	437	0	0	0	14.00
15.00	76.97	CARDIAC REHABILITATION	2,339	117	0	0	0	15.00
16.00	90.02	NEUROPSYCH	0	0	0	0	0	16.00
17.00	90.03	WOUND CENTER	16,473	824	0	0	0	17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	1,118	56	0	0	0	18.00
19.00	91.00	EMERGENCY	1,898,213	94,911	0	0	0	19.00
20.00	95.00	AMBULANCE SERVICES	11,795	590	0	0	0	20.00
200.00			5,002,820	250,142	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	169,912	138,849	5,376,725		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	286,440	0	1,161,912		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	5,796	0	0		3.00
4.00	41.00	SUBPROVIDER - IRF	0	432,762	0	0		4.00
5.00	50.00	OPERATING ROOM	0	1,613,920	986,572	1,079,002		5.00
6.00	53.00	ANESTHESIOLOGY	0	57,691	2,309	2,309		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	45,229	4,771	4,771		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	77,126	7,249	7,249		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	46,571	27,348	27,348		9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	0	215,416	9,584	9,584		10.00
11.00	65.00	RESPIRATORY THERAPY	0	19,828	9,172	9,172		11.00
12.00	66.00	PHYSICAL THERAPY	0	25,624	24,376	24,376		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	67,822	25,479	25,479		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,745	0	0		14.00
15.00	76.97	CARDIAC REHABILITATION	0	2,339	1,359	1,359		15.00
16.00	90.02	NEUROPSYCH	0	0	0	197,077		16.00
17.00	90.03	WOUND CENTER	0	16,473	20,327	20,327		17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	0	1,118	1,432	1,432		18.00
19.00	91.00	EMERGENCY	0	1,898,213	344,532	344,532		19.00
20.00	95.00	AMBULANCE SERVICES	0	11,795	1,330	1,330		20.00
200.00			0	5,002,820	1,604,689	8,293,984		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 8:49 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	10,113,441	10,113,441				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	12,278,978		12,278,978			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	29,433,700	176,740	5,410	29,615,850		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	35,783,384	892,734	5,116,381	5,976,139	47,768,638	5.00
7.00 00700 OPERATION OF PLANT	7,057,059	4,960,456	520,838	919,383	13,457,736	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	691,985	10,974	0	12,320	715,279	8.00
9.00 00900 HOUSEKEEPING	2,793,254	71,702	71,805	684,264	3,621,025	9.00
10.00 01000 DIETARY	978,781	108,959	14,903	259,726	1,362,369	10.00
11.00 01100 CAFETERIA	1,031,104	85,641	28,902	503,725	1,649,372	11.00
13.00 01300 NURSING ADMINISTRATION	4,726,523	135,008	55,206	1,333,433	6,250,170	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,061,640	105,454	94,896	35	1,262,025	14.00
15.00 01500 PHARMACY	5,032,582	65,606	199,879	1,149,664	6,447,731	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,603,627	50,614	20,250	386,527	2,061,018	16.00
17.00 01700 SOCIAL SERVICE	580,282	4,184	75	203,315	787,856	17.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	488,388	0	2,058	173,207	663,653	23.01
23.02 02302 PHARMACY RESIDENCY PROG	391,122	5,210	0	137,364	533,696	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,663,497	1,062,478	316,743	4,802,541	22,845,259	30.00
31.00 03100 INTENSIVE CARE UNIT	3,274,787	151,842	144,938	784,111	4,355,678	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	1,847,226	153,588	16,650	535,574	2,553,038	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	678,413	8,078	16,226	244,003	946,720	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	19,946,956	540,640	1,213,177	267,028	21,967,801	50.00
51.00 05100 RECOVERY ROOM	1,278,810	44,130	31,400	0	1,354,340	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	177,252	1,649	4,125	0	183,026	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,160,653	118,672	102,043	543,638	3,925,006	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	1,316,251	46,056	59,249	140,461	1,562,017	54.01
54.02 05404 ULTRA SOUND	553,508	20,839	69,680	176,516	820,543	54.02
54.03 05405 MAMMOGRAPHY	1,183,220	3,783	148,067	262,051	1,597,121	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	3,052,763	111,439	877,682	355,385	4,397,269	55.00
57.00 05700 CT SCAN	1,010,175	24,912	199,439	232,239	1,466,765	57.00
58.00 05800 MRI	437,999	12,470	7,030	108,009	565,508	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,544,945	148,129	70,253	594,142	3,357,469	59.00
60.00 06000 LABORATORY	7,807,163	150,664	209,497	1,418,841	9,586,165	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	800,913	16,793	14,022	126,794	958,522	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	624,270	7,260	2,851	26,707	661,088	62.00
65.00 06500 RESPIRATORY THERAPY	2,282,499	91,779	102,540	559,316	3,036,134	65.00
66.00 06600 PHYSICAL THERAPY	4,369,422	3,145	21,715	1,391,731	5,786,013	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,237,821	3,062	5,025	361,109	1,607,017	67.00
68.00 06800 SPEECH PATHOLOGY	843,135	0	20,188	273,418	1,136,741	68.00
69.00 06900 ELECTROCARDIOLOGY	698,762	19,370	150,176	217,458	1,085,766	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,029,363	0	8,623	230,213	1,268,199	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,754,922	0	0	0	7,754,922	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,159,917	0	0	0	9,159,917	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	18,891,321	0	0	0	18,891,321	73.00
74.00 07400 RENAL DIALYSIS	776,642	0	60	0	776,702	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	327,866	21,905	12,168	77,812	439,751	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	1,236,248	107,089	36,185	405,949	1,785,471	90.00
90.01 09001 DIABETES CENTER	188,279	10,738	729	30,745	230,491	90.01
90.02 09002 NEUROPSYCH	110,839	1,455	284	34,795	147,373	90.02
90.03 09003 WOUND CENTER	1,315,015	0	1,335	143,094	1,459,444	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	218,795	0	93	25,355	244,243	90.04
90.05 09005 VIMCARE CLINIC	704,422	58,955	6,027	214,815	984,219	90.05
90.06 09006 MEDICATION MGMT CLINIC	257,395	12,705	3,739	91,678	365,517	90.06
91.00 09100 EMERGENCY	7,688,604	250,160	358,715	1,864,678	10,162,157	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 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 8:49 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			
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,257,877	111,287	373,647	1,215,704	4,958,515 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)	242,753,795	9,988,354	10,734,924	29,495,012	240,963,816 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,073	344	0	10,417 190.00
194.00 07950	WELLNESS COMMUNITY	318,909	0	8,020	70,298	397,227 194.00
194.01 07951	BUILDING RENTALS	191,646	0	0	0	191,646 194.01
194.02 07952	HOSPICE	114,744	0	0	0	114,744 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	269,667	0	0	0	269,667 194.04
194.05 07955	NONALLOWABLE MARKETING	1,260,493	0	0	0	1,260,493 194.05
194.06 07956	CRH FOUNDATION	30,704	11,292	690	10,914	53,600 194.06
194.07 07957	HEALTHY COMMUNITIES	166,337	16,557	0	39,626	222,520 194.07
194.08 07958	CRHP	152,889	79,988	1,533,597	0	1,766,474 194.08
194.09 07959	NEUROPSYCH PART B	0	7,177	1,403	0	8,580 194.09
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)	245,259,184	10,113,441	12,278,978	29,615,850	245,259,184 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 8:49 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	47,768,638					5.00
7.00	00700	OPERATION OF PLANT	3,255,130	16,712,866				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	173,010	44,912	933,201			8.00
9.00	00900	HOUSEKEEPING	875,846	293,460	0	4,790,331		9.00
10.00	01000	DIETARY	329,527	445,946	0	34,690	2,172,532	10.00
11.00	01100	CAFETERIA	398,947	350,507	0	67,068	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,511,779	552,555	0	12,334	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	305,256	431,599	0	44,712	0	14.00
15.00	01500	PHARMACY	1,559,564	268,509	0	58,588	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	498,515	207,151	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	190,565	17,126	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	160,523	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	129,089	21,322	0	4,625	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,525,785	4,348,480	309,507	1,861,706	1,664,705	30.00
31.00	03100	INTENSIVE CARE UNIT	1,053,543	621,454	37,139	97,903	195,558	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	617,524	628,600	36,047	292,169	238,614	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	228,991	33,060	9,631	1,542	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	5,313,528	2,212,716	231,538	706,138	6,626	50.00
51.00	05100	RECOVERY ROOM	327,585	180,613	39,071	60,130	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	44,270	6,748	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	949,373	485,697	65,074	122,572	2,399	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	377,818	188,495	0	82,486	0	54.01
54.02	05404	ULTRA SOUND	198,471	85,288	0	23,127	0	54.02
54.03	05405	MAMMOGRAPHY	386,308	15,481	5,809	49,337	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,063,603	456,096	10,415	71,693	9,475	55.00
57.00	05700	CT SCAN	354,778	101,960	0	13,876	0	57.00
58.00	05800	MRI	136,784	51,036	0	7,709	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	812,098	606,257	52,263	102,529	6,215	59.00
60.00	06000	LABORATORY	2,318,682	616,634	0	67,839	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	231,845	68,729	0	3,854	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	159,903	29,715	0	2,313	0	62.00
65.00	06500	RESPIRATORY THERAPY	734,374	375,629	0	124,885	0	65.00
66.00	06600	PHYSICAL THERAPY	1,399,509	12,873	26,382	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	388,702	12,532	4,874	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	274,953	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	262,623	79,277	0	21,585	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	306,749	0	2,039	123,343	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,875,745	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,215,582	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,569,395	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	187,867	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	106,366	89,654	0	3,084	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	431,866	438,290	37,647	70,151	34,230	90.00
90.01	09001	DIABETES CENTER	55,751	43,948	0	1,542	0	90.01
90.02	09002	NEUROPSYCH	35,646	5,954	0	0	0	90.02
90.03	09003	WOUND CENTER	353,007	0	2,818	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	59,077	0	180	0	0	90.04
90.05	09005	VIMCARE CLINIC	238,061	241,289	4,790	187,327	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	88,411	52,001	0	21,585	0	90.06
91.00	09100	EMERGENCY	2,458,002	1,023,849	0	409,344	14,710	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,199,356	455,472	57,977	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 01/01/2018
To 12/31/2018

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	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)	46,729,682	16,200,914	933,201	4,751,786	2,172,532
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,520	41,226	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	96,080	0	0	0	194.00
194.01	07951	BUILDING RENTALS	46,355	0	0	0	194.01
194.02	07952	HOSPICE	27,754	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	65,227	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	304,886	0	0	0	194.05
194.06	07956	CRH FOUNDATION	12,965	46,216	0	36,232	194.06
194.07	07957	HEALTHY COMMUNITIES	53,823	67,765	0	2,313	194.07
194.08	07958	CRHP	427,271	327,371	0	0	194.08
194.09	07959	NEUROPSYCH PART B	2,075	29,374	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)	47,768,638	16,712,866	933,201	4,790,331	2,172,532

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,465,894					11.00
13.00	01300		8,420,624				13.00
14.00	01400			2,071,042			14.00
15.00	01500		548,528		8,960,694		15.00
16.00	01600					2,846,745	16.00
17.00	01700						17.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302						23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	551,286	3,909,449	79,269	9,476	542,554	30.00
31.00	03100	73,199	513,271	3,418	2,490	33,256	31.00
32.00	03200						32.00
33.00	03300						33.00
34.00	03400						34.00
40.00	04000						40.00
41.00	04100	54,899	382,511		364	53,780	41.00
42.00	04200						42.00
43.00	04300	20,587	152,170		1		43.00
44.00	04400						44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	265,347		1,862,125	34,642	1,096,321	50.00
51.00	05100	29,737			286		51.00
52.00	05200						52.00
53.00	05300				44,953	7,031	53.00
54.00	05400	48,037		3,166	2,485		54.00
54.01	05402	11,437			103,311		54.01
54.02	05404	13,725			241		54.02
54.03	05405	25,162		2,774	361		54.03
55.00	05500	29,737			30	74,494	55.00
57.00	05700	20,587			9,376		57.00
58.00	05800	9,150			557		58.00
59.00	05900	48,037		16,672	3,580	18,814	59.00
60.00	06000	185,285			9,474		60.00
60.01	06001	11,437				173,693	60.01
62.00	06200	2,287					62.00
65.00	06500	54,899	389,450	3,727	11,847	104,520	65.00
66.00	06600	114,374		36,790	1,124		66.00
67.00	06700	32,025				18,243	67.00
68.00	06800	20,587					68.00
69.00	06900	18,300			3,998	276,693	69.00
70.00	07000	20,587			2	170,083	70.00
71.00	07100				682,133		71.00
72.00	07200						72.00
73.00	07300				7,997,091		73.00
74.00	07400				7,435		74.00
76.00	03020						76.00
76.97	07697	6,862					76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000	41,174		9,611	57	277,263	90.00
90.01	09001	4,575					90.01
90.02	09002	2,287					90.02
90.03	09003	16,012		46,597	4,999		90.03
90.04	09004	2,287					90.04
90.05	09005	25,162	178,878	84	10,480		90.05
90.06	09006	6,862	42,274	6,809			90.06
91.00	09100	203,585	1,135,789		15,358		91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	155,548	1,102,072		4,044		95.00
99.10	09910						99.10
101.00	10100						101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,447,595	8,420,624	2,071,042	8,960,195	2,846,745
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	9,150	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	499	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	2,287	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	4,575	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	2,287	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)	2,465,894	8,420,624	2,071,042	8,960,694	2,846,745

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/29/2019 8:49 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	1,013,847				17.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00	
23.01	02301	XRAY EDUCATION	0		840,188		23.01	
23.02	02302	PHARMACY RESIDENCY PROG	0			764,114	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	313,617	0	0	0	41,961,093	30.00
31.00	03100	INTENSIVE CARE UNIT	89,219	0	0	0	7,076,128	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	216,287	0	0	0	5,073,833	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	1,392,702	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	33,696,782	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,991,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	286,028	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	840,188	0	6,443,997	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	2,325,564	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	1,141,395	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	2,082,353	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	31,091	0	0	0	6,143,903	55.00
57.00	05700	CT SCAN	0	0	0	0	1,967,342	57.00
58.00	05800	MRI	0	0	0	0	770,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,023,934	59.00
60.00	06000	LABORATORY	0	0	0	0	12,784,079	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	1,448,080	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	855,306	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,835,465	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,377,065	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,063,393	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,432,281	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,748,242	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,891,002	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,312,800	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,375,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	764,114	32,221,921	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	972,004	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,055	0	0	0	649,772	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	162,216	0	0	0	3,287,976	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	336,307	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	191,260	90.02
90.03	09003	WOUND CENTER	0	0	0	0	1,882,877	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	305,787	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	1,870,290	90.05
90.06	09006	MEDIATION MGMT CLINIC	0	0	0	0	583,459	90.06
91.00	09100	EMERGENCY	197,362	0	0	0	15,620,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,932,984	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 01/01/2018
To 12/31/2018

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Cost Center Description		SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,013,847	0	840,188	764,114	239,355,565
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54,163	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	502,457	194.00
194.01	07951	BUILDING RENTALS	0	0	0	238,001	194.01
194.02	07952	HOSPICE	0	0	0	142,997	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	334,894	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,565,379	194.05
194.06	07956	CRH FOUNDATION	0	0	0	151,300	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	350,996	194.07
194.08	07958	CRHP	0	0	0	2,521,116	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	42,316	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)	1,013,847	0	840,188	764,114	245,259,184

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 8:49 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	239,355,565	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,163	190.00
194.00	07950	WELLNESS COMMUNITY	0	502,457	194.00
194.01	07951	BUILDING RENTALS	0	238,001	194.01
194.02	07952	HOSPICE	0	142,997	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	334,894	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,565,379	194.05
194.06	07956	CRH FOUNDATION	0	151,300	194.06
194.07	07957	HEALTHY COMMUNITIES	0	350,996	194.07
194.08	07958	CRHP	0	2,521,116	194.08
194.09	07959	NEUROPSYCH PART B	0	42,316	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	245,259,184	202.00

COST ALLOCATION STATISTICS

Provider CCN: 15-0112

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

Worksheet Non-CMS W
Date/Time Prepared:
5/29/2019 8:49 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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 8:49 pm

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	16,302	176,740	5,410	198,452	198,452 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	771,662	892,734	5,116,381	6,780,777	40,046 5.00
7.00 00700	OPERATION OF PLANT	126,014	4,960,456	520,838	5,607,308	6,161 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,974	0	10,974	83 8.00
9.00 00900	HOUSEKEEPING	4,727	71,702	71,805	148,234	4,585 9.00
10.00 01000	DIETARY	773	108,959	14,903	124,635	1,740 10.00
11.00 01100	CAFETERIA	0	85,641	28,902	114,543	3,375 11.00
13.00 01300	NURSING ADMINISTRATION	11,186	135,008	55,206	201,400	8,935 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	399	105,454	94,896	200,749	0 14.00
15.00 01500	PHARMACY	6,002	65,606	199,879	271,487	7,704 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,338	50,614	20,250	72,202	2,590 16.00
17.00 01700	SOCIAL SERVICE	374	4,184	75	4,633	1,362 17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	11,860	0	2,058	13,918	1,161 23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	5,210	0	5,210	920 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	344,271	1,062,478	316,743	1,723,492	32,182 30.00
31.00 03100	INTENSIVE CARE UNIT	18,786	151,842	144,938	315,566	5,254 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 - IIRF	64,705	153,588	16,650	234,943	3,589 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	8,078	16,226	24,304	1,635 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	544,999	540,640	1,213,177	2,298,816	1,789 50.00
51.00 05100	RECOVERY ROOM	19	44,130	31,400	75,549	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	1,649	4,125	5,774	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,741	118,672	102,043	225,456	3,643 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	10,708	46,056	59,249	116,013	941 54.01
54.02 05404	ULTRASOUND	0	20,839	69,680	90,519	1,183 54.02
54.03 05405	MAMMOGRAPHY	143,431	3,783	148,067	295,281	1,756 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	28,404	111,439	877,682	1,017,525	2,381 55.00
57.00 05700	CT SCAN	43	24,912	199,439	224,394	1,556 57.00
58.00 05800	MRI	16	12,470	7,030	19,516	724 58.00
59.00 05900	CARDIAC CATHETERIZATION	397,846	148,129	70,253	616,228	3,981 59.00
60.00 06000	LABORATORY	28,390	150,664	209,497	388,551	9,508 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	842	16,793	14,022	31,657	850 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	27	7,260	2,851	10,138	179 62.00
65.00 06500	RESPIRATORY THERAPY	81,476	91,779	102,540	275,795	3,748 65.00
66.00 06600	PHYSICAL THERAPY	328,634	3,145	21,715	353,494	9,326 66.00
67.00 06700	OCCUPATIONAL THERAPY	119,555	3,062	5,025	127,642	2,420 67.00
68.00 06800	SPEECH PATHOLOGY	54,053	0	20,188	74,241	1,832 68.00
69.00 06900	ELECTROCARDIOLOGY	4,422	19,370	150,176	173,968	1,457 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	136,747	0	8,623	145,370	1,543 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	60	60	0 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	45	21,905	12,168	34,118	521 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	9	107,089	36,185	143,283	2,720 90.00
90.01 09001	DIABETES CENTER	139	10,738	729	11,606	206 90.01
90.02 09002	NEUROPSYCH	37	1,455	284	1,776	233 90.02
90.03 09003	WOUND CENTER	74,004	0	1,335	75,339	959 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	124,336	0	93	124,429	170 90.04
90.05 09005	VIMCARE CLINIC	5,412	58,955	6,027	70,394	1,439 90.05
90.06 09006	MEDICATION MGMT CLINIC	297	12,705	3,739	16,741	614 90.06
91.00 09100	EMERGENCY	11,226	250,160	358,715	620,101	12,495 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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 8:49 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	28,976	111,287	373,647	513,910	8,146 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)	3,507,233	9,988,354	10,734,924	24,230,511	197,642 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,073	344	10,417	0 190.00
194.00 07950	WELLNESS COMMUNITY	56,215	0	8,020	64,235	471 194.00
194.01 07951	BUILDING RENTALS	55,307	0	0	55,307	0 194.01
194.02 07952	HOSPICE	0	0	0	0	0 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	0 194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	0 194.05
194.06 07956	CRH FOUNDATION	0	11,292	690	11,982	73 194.06
194.07 07957	HEALTHY COMMUNITIES	0	16,557	0	16,557	266 194.07
194.08 07958	CRHP	450,331	79,988	1,533,597	2,063,916	0 194.08
194.09 07959	NEUROPSYCH PART B	0	7,177	1,403	8,580	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)	4,069,086	10,113,441	12,278,978	26,461,505	198,452 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 8:49 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,820,823				5.00
7.00	00700	OPERATION OF PLANT	464,790	6,078,259			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,704	16,334	52,095		8.00
9.00	00900	HOUSEKEEPING	125,059	106,728	0	384,606	9.00
10.00	01000	DIETARY	47,052	162,185	0	2,785	338,397
11.00	01100	CAFETERIA	56,964	127,475	0	5,385	0
13.00	01300	NURSING ADMINISTRATION	215,862	200,957	0	990	0
14.00	01400	CENTRAL SERVICES & SUPPLY	43,587	156,967	0	3,590	0
15.00	01500	PHARMACY	222,685	97,653	0	4,704	0
16.00	01600	MEDICAL RECORDS & LIBRARY	71,181	75,338	0	0	0
17.00	01700	SOCIAL SERVICE	27,210	6,228	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	22,921	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROG	18,432	7,755	0	371	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	789,099	1,581,490	17,278	149,472	259,297
31.00	03100	INTENSIVE CARE UNIT	150,432	226,015	2,073	7,860	30,460
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	88,174	228,614	2,012	23,458	37,167
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	32,697	12,024	538	124	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	758,702	804,737	12,925	56,694	1,032
51.00	05100	RECOVERY ROOM	46,775	65,686	2,181	4,828	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	6,321	2,454	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,558	176,642	3,633	9,841	374
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	53,947	68,553	0	6,623	0
54.02	05404	ULTRA SOUND	28,339	31,018	0	1,857	0
54.03	05405	MAMMOGRAPHY	55,160	5,630	324	3,961	0
55.00	05500	RADIOLOGY-THERAPEUTIC	151,868	165,876	581	5,756	1,476
57.00	05700	CT SCAN	50,658	37,081	0	1,114	0
58.00	05800	MRI	19,531	18,561	0	619	0
59.00	05900	CARDIAC CATHETERIZATION	115,957	220,488	2,918	8,232	968
60.00	06000	LABORATORY	331,077	224,262	0	5,447	0
60.01	06001	LABORATORY-PATHOLOGICAL	33,104	24,996	0	309	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,832	10,807	0	186	0
65.00	06500	RESPIRATORY THERAPY	104,859	136,611	0	10,027	0
66.00	06600	PHYSICAL THERAPY	199,832	4,682	1,473	0	0
67.00	06700	OCCUPATIONAL THERAPY	55,502	4,558	272	0	0
68.00	06800	SPEECH PATHOLOGY	39,260	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	37,499	28,832	0	1,733	0
70.00	07000	ELECTROENCEPHALOGRAPHY	43,800	0	114	9,903	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	267,832	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	316,356	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	652,450	0	0	0	0
74.00	07400	RENAL DIALYSIS	26,825	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	15,188	32,606	0	248	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	61,665	159,401	2,102	5,632	5,332
90.01	09001	DIABETES CENTER	7,960	15,983	0	124	0
90.02	09002	NEUROPSYCH	5,090	2,165	0	0	0
90.03	09003	WOUND CENTER	50,405	0	157	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	8,435	0	10	0	0
90.05	09005	VIMCARE CLINIC	33,992	87,754	267	15,040	0
90.06	09006	MEDIATION MGMT CLINIC	12,624	18,912	0	1,733	0
91.00	09100	EMERGENCY	350,970	372,361	0	32,865	2,291
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	171,252	165,650	3,237	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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 8:49 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,672,474	5,892,069	52,095	381,511	338,397 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	360	14,993	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	13,719	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	6,619	0	0	0	0 194.01
194.02	07952	HOSPICE	3,963	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	9,313	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	43,534	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	1,851	16,808	0	2,909	0 194.06
194.07	07957	HEALTHY COMMUNITIES	7,685	24,645	0	186	0 194.07
194.08	07958	CRHP	61,009	119,061	0	0	0 194.08
194.09	07959	NEUROPSYCH PART B	296	10,683	0	0	0 194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	6,820,823	6,078,259	52,095	384,606	338,397 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 8:49 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	307,742					11.00
13.00	01300	NURSING ADMINISTRATION	11,704	639,848				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,426	0	408,319			14.00
15.00	01500	PHARMACY	9,706	41,680	0	655,619		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,992	0	0	0	231,303	16.00
17.00	01700	SOCIAL SERVICE	2,284	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	1,998	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,142	5,033	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,806	297,063	15,628	693	44,083	30.00
31.00	03100	INTENSIVE CARE UNIT	9,135	39,001	674	182	2,702	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	6,851	29,065	0	27	4,370	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,569	11,563	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	33,115	0	367,130	2,535	89,078	50.00
51.00	05100	RECOVERY ROOM	3,711	0	0	21	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,289	571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,995	0	624	182	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,427	0	0	7,559	0	54.01
54.02	05404	ULTRA SOUND	1,713	0	0	18	0	54.02
54.03	05405	MAMMOGRAPHY	3,140	0	547	26	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,711	0	0	2	6,053	55.00
57.00	05700	CT SCAN	2,569	0	0	686	0	57.00
58.00	05800	MRI	1,142	0	0	41	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,995	0	3,287	262	1,529	59.00
60.00	06000	LABORATORY	23,123	0	0	693	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,427	0	0	0	14,113	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	285	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,851	29,593	735	867	8,492	65.00
66.00	06600	PHYSICAL THERAPY	14,274	0	7,253	82	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,997	0	0	0	1,482	67.00
68.00	06800	SPEECH PATHOLOGY	2,569	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,284	0	0	293	22,482	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,569	0	0	0	13,820	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,909	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	585,115	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	544	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	856	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	5,139	0	1,895	4	22,528	90.00
90.01	09001	DIABETES CENTER	571	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	285	0	0	0	0	90.02
90.03	09003	WOUND CENTER	1,998	0	9,187	366	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	285	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	3,140	13,592	17	767	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	856	3,212	1,342	0	0	90.06
91.00	09100	EMERGENCY	25,407	86,304	0	1,124	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19,412	83,742	0	296	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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 8:49 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)	305,459	639,848	408,319	655,583	231,303 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,142	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	36	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	285	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	571	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	285	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)	307,742	639,848	408,319	655,619	231,303 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 8:49 pm
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Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	41,717				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0		39,998		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			38,863	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,904			4,991,487	30.00
31.00	03100	INTENSIVE CARE UNIT	3,671			793,025	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 - I RF	8,900			667,170	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			85,454	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			4,426,553	50.00
51.00	05100	RECOVERY ROOM	0			198,751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0			18,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			561,948	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			255,063	54.01
54.02	05404	ULTRA SOUND	0			154,647	54.02
54.03	05405	MAMMOGRAPHY	0			365,825	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,279			1,356,508	55.00
57.00	05700	CT SCAN	0			318,058	57.00
58.00	05800	MRI	0			60,134	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			979,845	59.00
60.00	06000	LABORATORY	0			982,661	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0			106,456	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			44,427	62.00
65.00	06500	RESPIRATORY THERAPY	0			577,578	65.00
66.00	06600	PHYSICAL THERAPY	0			590,416	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			195,873	67.00
68.00	06800	SPEECH PATHOLOGY	0			117,902	68.00
69.00	06900	ELECTROCARDIOLOGY	0			268,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			217,119	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			317,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			316,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			1,237,565	73.00
74.00	07400	RENAL DIALYSIS	0			27,429	74.00
76.00	03020	ACUPUNCTURE	0			0	76.00
76.97	07697	CARDIAC REHABILITATION	167			83,704	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	6,675			416,376	90.00
90.01	09001	DIABETES CENTER	0			36,450	90.01
90.02	09002	NEUROPSYCH	0			9,549	90.02
90.03	09003	WOUND CENTER	0			138,411	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0			133,329	90.04
90.05	09005	VIMCARE CLINIC	0			226,402	90.05
90.06	09006	MEDIATION MGMT CLINIC	0			56,034	90.06
91.00	09100	EMERGENCY	8,121			1,512,039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			965,645	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 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 8:49 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	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)	41,717	0	0	23,810,887	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			25,770	190.00	
194.00	07950	WELLNESS COMMUNITY	0			79,567	194.00	
194.01	07951	BUILDING RENTALS	0			61,926	194.01	
194.02	07952	HOSPICE	0			3,999	194.02	
194.03	07953	OUTREACH CLINICS	0			0	194.03	
194.04	07954	SPEECH - HEARING AIDS	0			9,313	194.04	
194.05	07955	NONALLOWABLE MARKETING	0			43,534	194.05	
194.06	07956	CRH FOUNDATION	0			33,908	194.06	
194.07	07957	HEALTHY COMMUNITIES	0			49,910	194.07	
194.08	07958	CRHP	0			2,243,986	194.08	
194.09	07959	NEUROPSYCH PART B	0			19,844	194.09	
200.00		Cross Foot Adjustments		0	39,998	38,863	78,861	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	41,717	0	39,998	38,863	26,461,505	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 8:49 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	23,810,887	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,770	190.00
194.00	07950	WELLNESS COMMUNITY	0	79,567	194.00
194.01	07951	BUILDING RENTALS	0	61,926	194.01
194.02	07952	HOSPICE	0	3,999	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	9,313	194.04
194.05	07955	NONALLOWABLE MARKETING	0	43,534	194.05
194.06	07956	CRH FOUNDATION	0	33,908	194.06
194.07	07957	HEALTHY COMMUNITIES	0	49,910	194.07
194.08	07958	CRHP	0	2,243,986	194.08
194.09	07959	NEUROPSYCH PART B	0	19,844	194.09
200.00		Cross Foot Adjustments	0	78,861	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	26,461,505	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 8:49 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				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	729,925					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		12,687,225				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,756	5,590	81,938,753			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	64,432	5,286,488	16,534,324	-47,768,638	197,490,546	5.00
7.00 00700	OPERATION OF PLANT	358,015	538,155	2,543,673	0	13,457,736	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	792	0	34,085	0	715,279	8.00
9.00 00900	HOUSEKEEPING	5,175	74,192	1,893,166	0	3,621,025	9.00
10.00 01000	DIETARY	7,864	15,398	718,588	0	1,362,369	10.00
11.00 01100	CAFETERIA	6,181	29,863	1,393,665	0	1,649,372	11.00
13.00 01300	NURSING ADMINISTRATION	9,744	57,041	3,689,235	0	6,250,170	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,611	98,051	96	0	1,262,025	14.00
15.00 01500	PHARMACY	4,735	206,525	3,180,796	0	6,447,731	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,653	20,923	1,069,411	0	2,061,018	16.00
17.00 01700	SOCIAL SERVICE	302	78	562,515	0	787,856	17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	0	2,126	479,216	0	663,653	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	0	380,047	0	533,696	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	76,683	327,274	13,287,279	0	22,845,259	30.00
31.00 03100	INTENSIVE CARE UNIT	10,959	149,757	2,169,415	0	4,355,678	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	11,085	17,204	1,481,782	0	2,553,038	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	583	16,765	675,088	0	946,720	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	39,020	1,253,513	738,791	0	21,967,801	50.00
51.00 05100	RECOVERY ROOM	3,185	32,444	0	0	1,354,340	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	119	4,262	0	0	183,026	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,565	105,436	1,504,094	0	3,925,006	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,324	61,219	388,617	0	1,562,017	54.01
54.02 05404	ULTRASOUND	1,504	71,997	488,371	0	820,543	54.02
54.03 05405	MAMMOGRAPHY	273	152,990	725,021	0	1,597,121	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	8,043	906,863	983,251	0	4,397,269	55.00
57.00 05700	CT SCAN	1,798	206,070	642,539	0	1,466,765	57.00
58.00 05800	MRI	900	7,264	298,831	0	565,508	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,691	72,589	1,643,825	0	3,357,469	59.00
60.00 06000	LABORATORY	10,874	216,462	3,925,534	0	9,586,165	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	14,488	350,804	0	958,522	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	524	2,946	73,892	0	661,088	62.00
65.00 06500	RESPIRATORY THERAPY	6,624	105,949	1,547,471	0	3,036,134	65.00
66.00 06600	PHYSICAL THERAPY	227	22,437	3,850,528	0	5,786,013	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	5,192	999,086	0	1,607,017	67.00
68.00 06800	SPEECH PATHOLOGY	0	20,859	756,471	0	1,136,741	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	155,169	601,646	0	1,085,766	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	8,910	636,934	0	1,268,199	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,754,922	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,159,917	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,891,321	73.00
74.00 07400	RENAL DIALYSIS	0	62	0	0	776,702	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,581	12,573	215,283	0	439,751	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	7,729	37,388	1,123,147	0	1,785,471	90.00
90.01 09001	DIABETES CENTER	775	753	85,062	0	230,491	90.01
90.02 09002	NEUROPSYCH	105	293	96,269	0	147,373	90.02
90.03 09003	WOUND CENTER	0	1,379	395,901	0	1,459,444	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	96	70,151	0	244,243	90.04
90.05 09005	VIMCARE CLINIC	4,255	6,227	594,332	0	984,219	90.05
90.06 09006	MEDICATION MGMT CLINIC	917	3,863	253,647	0	365,517	90.06
91.00 09100	EMERGENCY	18,055	370,641	5,159,038	0	10,162,157	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 8:49 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	386,070	3,363,512	0	4,958,515	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)	720,897	11,091,834	81,604,429	-47,768,638	193,195,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	355	0	0	10,417	190.00
194.00	07950	WELLNESS COMMUNITY	0	8,287	194,494	0	397,227	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	191,646	194.01
194.02	07952	HOSPICE	0	0	0	0	114,744	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	269,667	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,260,493	194.05
194.06	07956	CRH FOUNDATION	815	713	30,196	0	53,600	194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	0	109,634	0	222,520	194.07
194.08	07958	CRHP	5,773	1,584,586	0	0	1,766,474	194.08
194.09	07959	NEUROPSYCH PART B	518	1,450	0	0	8,580	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)	10,113,441	12,278,978	29,615,850		47,768,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.855452	0.967822	0.361439		0.241878	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			198,452		6,820,823	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002422		0.034537	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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	294,722				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	792	1,124,758			8.00
9.00	00900	HOUSEKEEPING	5,175	0	6,214		9.00
10.00	01000	DIETARY	7,864	0	45	163,941	10.00
11.00	01100	CAFETERIA	6,181	0	87	0	1,078
13.00	01300	NURSING ADMINISTRATION	9,744	0	16	0	41
14.00	01400	CENTRAL SERVICES & SUPPLY	7,611	0	58	0	12
15.00	01500	PHARMACY	4,735	0	76	0	34
16.00	01600	MEDICAL RECORDS & LIBRARY	3,653	0	0	0	35
17.00	01700	SOCIAL SERVICE	302	0	0	0	8
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	0	0	0	0	7
23.02	02302	PHARMACY RESIDENCY PROG	376	0	6	0	4
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,683	373,038	2,415	125,620	241
31.00	03100	INTENSIVE CARE UNIT	10,959	44,762	127	14,757	32
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	11,085	43,446	379	18,006	24
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	583	11,608	2	0	9
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,020	279,066	916	500	116
51.00	05100	RECOVERY ROOM	3,185	47,091	78	0	13
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	119	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,565	78,432	159	181	21
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,324	0	107	0	5
54.02	05404	ULTRA SOUND	1,504	0	30	0	6
54.03	05405	MAMMOGRAPHY	273	7,002	64	0	11
55.00	05500	RADIOLOGY-THERAPEUTIC	8,043	12,553	93	715	13
57.00	05700	CT SCAN	1,798	0	18	0	9
58.00	05800	MRI	900	0	10	0	4
59.00	05900	CARDIAC CATHETERIZATION	10,691	62,991	133	469	21
60.00	06000	LABORATORY	10,874	0	88	0	81
60.01	06001	LABORATORY-PATHOLOGICAL	1,212	0	5	0	5
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	524	0	3	0	1
65.00	06500	RESPIRATORY THERAPY	6,624	0	162	0	24
66.00	06600	PHYSICAL THERAPY	227	31,798	0	0	50
67.00	06700	OCCUPATIONAL THERAPY	221	5,874	0	0	14
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	9
69.00	06900	ELECTROCARDIOLOGY	1,398	0	28	0	8
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,458	160	0	9
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,581	0	4	0	3
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,729	45,375	91	2,583	18
90.01	09001	DIABETES CENTER	775	0	2	0	2
90.02	09002	NEUROPSYCH	105	0	0	0	1
90.03	09003	WOUND CENTER	0	3,396	0	0	7
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	217	0	0	1
90.05	09005	VIMCARE CLINIC	4,255	5,773	243	0	11
90.06	09006	MEDICATION MGMT CLINIC	917	0	28	0	3
91.00	09100	EMERGENCY	18,055	0	531	1,110	89
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,032	69,878	0	0	68
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
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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)	285,694	1,124,758	6,164	163,941	1,070
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	4
194.01	07951	BUILDING RENTALS	0	0	0	0	0
194.02	07952	HOSPICE	0	0	0	0	0
194.03	07953	OUTREACH CLINICS	0	0	0	0	0
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0
194.06	07956	CRH FOUNDATION	815	0	47	0	1
194.07	07957	HEALTHY COMMUNITIES	1,195	0	3	0	2
194.08	07958	CRHP	5,773	0	0	0	0
194.09	07959	NEUROPSYCH PART B	518	0	0	0	1
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	16,712,866	933,201	4,790,331	2,172,532	2,465,894
203.00		Unit cost multiplier (Wkst. B, Part I)	56.707222	0.829690	770.893305	13.251914	2,287.471243
204.00		Cost to be allocated (per Wkst. B, Part II)	6,078,259	52,095	384,606	338,397	307,742
205.00		Unit cost multiplier (Wkst. B, Part II)	20.623703	0.046317	61.893466	2.064139	285.474954
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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 8:49 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	1,077,632				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	73,913			14.00
15.00	01500	PHARMACY	70,198	0	21,883,998		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	14,980	16.00
17.00	01700	SOCIAL SERVICE	0	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	8,476	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	500,313	2,829	23,142	2,855	232
31.00	03100	INTENSIVE CARE UNIT	65,686	122	6,082	175	66
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	48,952	0	889	283	160
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	19,474	0	2	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	66,457	84,603	5,769	0
51.00	05100	RECOVERY ROOM	0	0	698	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	109,786	37	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113	6,068	0	0
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	252,309	0	0
54.02	05404	ULTRA SOUND	0	0	589	0	0
54.03	05405	MAMMOGRAPHY	0	99	881	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	74	392	23
57.00	05700	CT SCAN	0	0	22,898	0	0
58.00	05800	MRI	0	0	1,361	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	595	8,744	99	0
60.00	06000	LABORATORY	0	0	23,138	0	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	914	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	49,840	133	28,932	550	0
66.00	06600	PHYSICAL THERAPY	0	1,313	2,744	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	96	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	9,764	1,456	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4	895	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,665,920	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19,530,667	0	0
74.00	07400	RENAL DIALYSIS	0	0	18,158	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	343	138	1,459	120
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	0	0	0	0	0
90.03	09003	WOUND CENTER	0	1,663	12,209	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
90.05	09005	VIMCARE CLINIC	22,892	3	25,595	0	0
90.06	09006	MEDICATION MGMT CLINIC	5,410	243	0	0	0
91.00	09100	EMERGENCY	145,353	0	37,508	0	146
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	141,038	0	9,877	0	0
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 8:49 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)	1,077,632	73,913	21,882,780	14,980	750	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	1,218	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)	8,420,624	2,071,042	8,960,694	2,846,745	1,013,847	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.814007	28.019996	0.409463	190.036382	1,351.796000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	639,848	408,319	655,619	231,303	41,717	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.593754	5.524319	0.029959	15.440788	55.622667	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 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/29/2019 8:49 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 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 8:49 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	840,188	764,114	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	8,401.880000	7,641.140000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	39,998	38,863	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	399.980000	388.630000	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 01/01/2018
To 12/31/2018

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 8:49 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		41,961,093	0	41,961,093	30.00
31.00	03100 INTENSIVE CARE UNIT		7,076,128	0	7,076,128	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 - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF		5,073,833	0	5,073,833	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,392,702	0	1,392,702	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		33,696,782	986,572	34,683,354	50.00
51.00	05100 RECOVERY ROOM		1,991,762	0	1,991,762	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		286,028	2,309	288,337	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,443,997	4,771	6,448,768	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC		2,325,564	0	2,325,564	54.01
54.02	05404 ULTRASOUND		1,141,395	0	1,141,395	54.02
54.03	05405 MAMMOGRAPHY		2,082,353	0	2,082,353	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		6,143,903	7,249	6,151,152	55.00
57.00	05700 CT SCAN		1,967,342	0	1,967,342	57.00
58.00	05800 MRI		770,744	0	770,744	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,023,934	27,348	5,051,282	59.00
60.00	06000 LABORATORY		12,784,079	0	12,784,079	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		1,448,080	9,584	1,457,664	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		855,306	0	855,306	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,835,465	9,172	4,844,637	65.00
66.00	06600 PHYSICAL THERAPY	0	7,377,065	24,376	7,401,441	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,063,393	0	2,063,393	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,432,281	0	1,432,281	68.00
69.00	06900 ELECTROCARDIOLOGY		1,748,242	25,479	1,773,721	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,891,002	0	1,891,002	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,312,800	0	10,312,800	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,375,499	0	11,375,499	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		32,221,921	0	32,221,921	73.00
74.00	07400 RENAL DIALYSIS		972,004	0	972,004	74.00
76.00	03020 ACUPUNCTURE		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		649,772	1,359	651,131	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		3,287,976	0	3,287,976	90.00
90.01	09001 DIABETES CENTER		336,307	0	336,307	90.01
90.02	09002 NEUROPSYCH		191,260	0	191,260	90.02
90.03	09003 WOUND CENTER		1,882,877	20,327	1,903,204	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY		305,787	1,432	307,219	90.04
90.05	09005 VIMCARE CLINIC		1,870,290	0	1,870,290	90.05
90.06	09006 MEDICATION MGMT CLINIC		583,459	0	583,459	90.06
91.00	09100 EMERGENCY		15,620,156	344,532	15,964,688	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,664,016	0	4,664,016	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		7,932,984	1,330	7,934,314	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		244,019,581	1,465,840	245,485,421	200.00
201.00	Less Observation Beds		4,664,016	0	4,664,016	201.00
202.00	Total (see instructions)		239,355,565	1,465,840	240,821,405	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 8:49 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	61,122,976		61,122,976		30.00
31.00	03100	INTENSIVE CARE UNIT	13,543,265		13,543,265		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	7,090,975		7,090,975		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,570,892		2,570,892		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,627,705	65,406,619	92,034,324	0.366133	50.00
51.00	05100	RECOVERY ROOM	2,340,789	4,294,032	6,634,821	0.300198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,888,112	7,917,558	12,805,670	0.022336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,384,415	4,261,472	5,645,887	1.141361	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,560,174	9,492,550	11,052,724	0.210406	54.01
54.02	05404	ULTRA SOUND	1,310,703	4,741,088	6,051,791	0.188604	54.02
54.03	05405	MAMMOGRAPHY	589	3,912,204	3,912,793	0.532191	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	314,166	18,148,836	18,463,002	0.332768	55.00
57.00	05700	CT SCAN	7,377,617	24,422,215	31,799,832	0.061866	57.00
58.00	05800	MRI	1,723,310	6,861,689	8,584,999	0.089778	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,475,230	13,887,706	30,362,936	0.165463	59.00
60.00	06000	LABORATORY	15,374,217	35,841,248	51,215,465	0.249614	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	626,399	5,144,543	5,770,942	0.250926	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,474,587	873,109	2,347,696	0.364317	62.00
65.00	06500	RESPIRATORY THERAPY	7,327,096	2,841,507	10,168,603	0.475529	65.00
66.00	06600	PHYSICAL THERAPY	4,561,921	8,570,287	13,132,208	0.561754	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,952,063	4,597,356	7,549,419	0.273318	67.00
68.00	06800	SPEECH PATHOLOGY	1,184,964	826,087	2,011,051	0.712205	68.00
69.00	06900	ELECTROCARDIOLOGY	7,078,710	11,682,553	18,761,263	0.093184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	160,502	7,188,603	7,349,105	0.257311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,750,993	9,817,556	21,568,549	0.478141	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,863,460	8,542,025	19,405,485	0.586200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,772,187	56,544,563	86,316,750	0.373299	73.00
74.00	07400	RENAL DIALYSIS	2,732,688	0	2,732,688	0.355695	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	36,648	1,954,404	1,991,052	0.326346	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	38,043	5,698,839	5,736,882	0.573129	90.00
90.01	09001	DIABETES CENTER	267	248,266	248,533	1.353168	90.01
90.02	09002	NEUROPSYCH	2,790	222,237	225,027	0.849942	90.02
90.03	09003	WOUND CENTER	38,814	6,359,948	6,398,762	0.294256	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	8,448	1,009,008	1,017,456	0.300541	90.04
90.05	09005	VIMCARE CLINIC	2,051	820,194	822,245	2.274614	90.05
90.06	09006	MEDICATION MGMT CLINIC	1,899	829,393	831,292	0.701870	90.06
91.00	09100	EMERGENCY	17,114,417	55,742,386	72,856,803	0.214395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,497,822	11,497,822	0.405643	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	12,008,775	12,008,775	0.660599	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)	261,434,082	412,206,678	673,640,760		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	261,434,082	412,206,678	673,640,760		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 8:49 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
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	0.376852		50.00
51.00	05100	RECOVERY ROOM	0.300198		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.022516		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.142206		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.210406		54.01
54.02	05404	ULTRASOUND	0.188604		54.02
54.03	05405	MAMMOGRAPHY	0.532191		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.333161		55.00
57.00	05700	CT SCAN	0.061866		57.00
58.00	05800	MRI	0.089778		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166363		59.00
60.00	06000	LABORATORY	0.249614		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.252587		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.364317		62.00
65.00	06500	RESPIRATORY THERAPY	0.476431		65.00
66.00	06600	PHYSICAL THERAPY	0.563610		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273318		67.00
68.00	06800	SPEECH PATHOLOGY	0.712205		68.00
69.00	06900	ELECTROCARDIOLOGY	0.094542		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257311		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.478141		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.586200		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373299		73.00
74.00	07400	RENAL DIALYSIS	0.355695		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.327029		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	0.573129		90.00
90.01	09001	DIABETES CENTER	1.353168		90.01
90.02	09002	NEUROPSYCH	0.849942		90.02
90.03	09003	WOUND CENTER	0.297433		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.301948		90.04
90.05	09005	VIMCARE CLINIC	2.274614		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.701870		90.06
91.00	09100	EMERGENCY	0.219124		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.405643		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.660710		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 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 8:49 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	4,991,487	0	4,991,487	30,616	163.04	30.00
31.00	INTENSIVE CARE UNIT	793,025		793,025	3,212	246.89	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	667,170	0	667,170	3,918	170.28	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	85,454		85,454	3,197	26.73	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	6,537,136		6,537,136	40,943		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	12,238	1,995,284	30.00
31.00	INTENSIVE CARE UNIT	1,165	287,627	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	2,219	377,851	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30 through 199)	15,622	2,660,762	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0112

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2019 8:49 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,426,553	92,034,324	0.048097	11,866,100	570,724	50.00
51.00	05100	RECOVERY ROOM	198,751	6,634,821	0.029956	1,111,290	33,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,409	12,805,670	0.001438	2,059,106	2,961	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	561,948	5,645,887	0.099532	753,439	74,991	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	255,063	11,052,724	0.023077	898,804	20,742	54.01
54.02	05404	ULTRASOUND	154,647	6,051,791	0.025554	661,069	16,893	54.02
54.03	05405	MAMMOGRAPHY	365,825	3,912,793	0.093495	120	11	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,356,508	18,463,002	0.073472	156,015	11,463	55.00
57.00	05700	CT SCAN	318,058	31,799,832	0.010002	3,663,808	36,645	57.00
58.00	05800	MRI	60,134	8,584,999	0.007005	862,353	6,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	979,845	30,362,936	0.032271	6,795,311	219,291	59.00
60.00	06000	LABORATORY	982,661	51,215,465	0.019187	7,121,201	136,634	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	106,456	5,770,942	0.018447	309,263	5,705	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	44,427	2,347,696	0.018924	737,810	13,962	62.00
65.00	06500	RESPIRATORY THERAPY	577,578	10,168,603	0.056800	3,949,266	224,318	65.00
66.00	06600	PHYSICAL THERAPY	590,416	13,132,208	0.044959	1,753,571	78,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	195,873	7,549,419	0.025945	824,981	21,404	67.00
68.00	06800	SPEECH PATHOLOGY	117,902	2,011,051	0.058627	162,560	9,530	68.00
69.00	06900	ELECTROCARDIOLOGY	268,548	18,761,263	0.014314	3,442,998	49,283	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	217,119	7,349,105	0.029544	92,311	2,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	317,741	21,568,549	0.014732	5,867,615	86,442	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	316,356	19,405,485	0.016302	5,729,752	93,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,237,565	86,316,750	0.014337	13,282,644	190,433	73.00
74.00	07400	RENAL DIALYSIS	27,429	2,732,688	0.010037	1,102,974	11,071	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	83,704	1,991,052	0.042040	12,916	543	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	416,376	5,736,882	0.072579	31,183	2,263	90.00
90.01	09001	DIABETES CENTER	36,450	248,533	0.146661	0	0	90.01
90.02	09002	NEUROPSYCH	9,549	225,027	0.042435	1,240	53	90.02
90.03	09003	WOUND CENTER	138,411	6,398,762	0.021631	29,693	642	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	133,329	1,017,456	0.131042	8,448	1,107	90.04
90.05	09005	VIMCARE CLINIC	226,402	822,245	0.275346	466	128	90.05
90.06	09006	MEDICATION MGMT CLINIC	56,034	831,292	0.067406	1,899	128	90.06
91.00	09100	EMERGENCY	1,512,039	72,856,803	0.020754	9,413,477	195,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	554,808	11,497,822	0.048253	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,862,914	577,303,877		82,703,683	2,117,037	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 8:49 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	30,616	0.00	12,238	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,212	0.00	1,165	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	3,918	0.00	2,219	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	3,197	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)	0	0	40,943	0.00	15,622	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 01/01/2018
To 12/31/2018

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 8:49 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	840,188	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	764,114	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	1,604,302	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0112

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 8:49 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		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)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	92,034,324	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,634,821	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	12,805,670	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	840,188	840,188	5,645,887	0.148814	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	11,052,724	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	6,051,791	0.000000	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	3,912,793	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,463,002	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	31,799,832	0.000000	57.00
58.00	05800	MRI	0	0	0	8,584,999	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,362,936	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	51,215,465	0.000000	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	5,770,942	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,347,696	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,168,603	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,132,208	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,549,419	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,011,051	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,761,263	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,349,105	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,568,549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,405,485	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	764,114	764,114	86,316,750	0.008852	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,732,688	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,991,052	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	5,736,882	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	248,533	0.000000	90.01
90.02	09002	NEUROPSYCH	0	0	0	225,027	0.000000	90.02
90.03	09003	WOUND CENTER	0	0	0	6,398,762	0.000000	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	1,017,456	0.000000	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	822,245	0.000000	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	831,292	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	72,856,803	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,497,822	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,604,302	1,604,302	577,303,877		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0112

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 8:49 pm

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	11,866,100	0	19,771,338	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,111,290	0	958,551	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,059,106	0	2,061,339	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148814	753,439	112,122	1,420,329	211,365	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	898,804	0	3,983,971	0	54.01
54.02	05404 ULTRASOUND	0.000000	661,069	0	1,394,123	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	120	0	324,083	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	156,015	0	7,781,615	0	55.00
57.00	05700 CT SCAN	0.000000	3,663,808	0	6,509,469	0	57.00
58.00	05800 MRI	0.000000	862,353	0	2,199,772	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,795,311	0	5,174,793	0	59.00
60.00	06000 LABORATORY	0.000000	7,121,201	0	3,840,168	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	309,263	0	1,462,751	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	737,810	0	308,249	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,949,266	0	1,016,433	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,753,571	0	94,020	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	824,981	0	55,818	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	162,560	0	175,265	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,442,998	0	3,666,701	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	92,311	0	2,172,362	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,867,615	0	3,748,157	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,729,752	0	3,514,958	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.008852	13,282,644	117,578	24,515,648	217,013	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,102,974	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	12,916	0	1,043,828	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	31,183	0	2,804,426	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	6,270	0	90.01
90.02	09002 NEUROPSYCH	0.000000	1,240	0	122,503	0	90.02
90.03	09003 WOUND CENTER	0.000000	29,693	0	2,759,022	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	8,448	0	316,272	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	466	0	88,756	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	1,899	0	552,563	0	90.06
91.00	09100 EMERGENCY	0.000000	9,413,477	0	11,109,768	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,102,719	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		82,703,683	229,700	117,056,040	428,378	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 8:49 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		21.00	24.00			
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 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 8:49 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	0.366133	19,771,338	0	0	7,238,939
51.00 05100 RECOVERY ROOM	0.300198	958,551	0	0	287,755
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.022336	2,061,339	0	0	46,042
54.00 05400 RADIOLOGY-DIAGNOSTIC	1.141361	1,420,329	0	0	1,621,108
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.210406	3,983,971	0	0	838,251
54.02 05404 ULTRA SOUND	0.188604	1,394,123	0	0	262,937
54.03 05405 MAMMOGRAPHY	0.532191	324,083	0	0	172,474
55.00 05500 RADIOLOGY-THERAPEUTIC	0.332768	7,781,615	0	0	2,589,472
57.00 05700 CT SCAN	0.061866	6,509,469	0	0	402,715
58.00 05800 MRI	0.089778	2,199,772	0	0	197,491
59.00 05900 CARDIAC CATHETERIZATION	0.165463	5,174,793	0	0	856,237
60.00 06000 LABORATORY	0.249614	3,840,168	0	0	958,560
60.01 06001 LABORATORY-PATHOLOGICAL	0.250926	1,462,751	0	0	367,042
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.364317	308,249	0	0	112,300
65.00 06500 RESPIRATORY THERAPY	0.475529	1,016,433	0	0	483,343
66.00 06600 PHYSICAL THERAPY	0.561754	94,020	0	0	52,816
67.00 06700 OCCUPATIONAL THERAPY	0.273318	55,818	0	0	15,256
68.00 06800 SPEECH PATHOLOGY	0.712205	175,265	0	0	124,825
69.00 06900 ELECTROCARDIOLOGY	0.093184	3,666,701	0	0	341,678
70.00 07000 ELECTROENCEPHALOGRAPHY	0.257311	2,172,362	0	0	558,973
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.478141	3,748,157	0	1,048	1,792,148
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.586200	3,514,958	0	0	2,060,468
73.00 07300 DRUGS CHARGED TO PATIENTS	0.373299	24,515,648	0	127,175	9,151,667
74.00 07400 RENAL DIALYSIS	0.355695	0	0	0	0
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.326346	1,043,828	0	0	340,649
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.573129	2,804,426	0	0	1,607,298
90.01 09001 DIABETES CENTER	1.353168	6,270	0	0	8,484
90.02 09002 NEUROPSYCH	0.849942	122,503	0	0	104,120
90.03 09003 WOUND CENTER	0.294256	2,759,022	0	0	811,859
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.300541	316,272	0	0	95,053
90.05 09005 VIMCARE CLINIC	2.274614	88,756	0	0	201,886
90.06 09006 MEDICATION MGMT CLINIC	0.701870	552,563	0	0	387,827
91.00 09100 EMERGENCY	0.214395	11,109,768	0	0	2,381,879
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.405643	2,102,719	0	0	852,953
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.660599		0		
200.00	Subtotal (see instructions)		117,056,040	0	128,223
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)		117,056,040	0	128,223

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 8:49 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	501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,474	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	47,975	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	47,975	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/29/2019 8:49 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	4,426,553	92,034,324	0.048097	31,555	1,518	50.00
51.00	05100	RECOVERY ROOM	198,751	6,634,821	0.029956	5,662	170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,409	12,805,670	0.001438	8,714	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	561,948	5,645,887	0.099532	22,359	2,225	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	255,063	11,052,724	0.023077	0	0	54.01
54.02	05404	ULTRA SOUND	154,647	6,051,791	0.025554	0	0	54.02
54.03	05405	MAMMOGRAPHY	365,825	3,912,793	0.093495	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,356,508	18,463,002	0.073472	0	0	55.00
57.00	05700	CT SCAN	318,058	31,799,832	0.010002	51,837	518	57.00
58.00	05800	MRI	60,134	8,584,999	0.007005	38,172	267	58.00
59.00	05900	CARDIAC CATHETERIZATION	979,845	30,362,936	0.032271	27,232	879	59.00
60.00	06000	LABORATORY	982,661	51,215,465	0.019187	283,517	5,440	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	106,456	5,770,942	0.018447	3,297	61	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	44,427	2,347,696	0.018924	6,187	117	62.00
65.00	06500	RESPIRATORY THERAPY	577,578	10,168,603	0.056800	51,592	2,930	65.00
66.00	06600	PHYSICAL THERAPY	590,416	13,132,208	0.044959	906,119	40,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	195,873	7,549,419	0.025945	834,989	21,664	67.00
68.00	06800	SPEECH PATHOLOGY	117,902	2,011,051	0.058627	487,350	28,572	68.00
69.00	06900	ELECTROCARDIOLOGY	268,548	18,761,263	0.014314	30,050	430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	217,119	7,349,105	0.029544	1,460	43	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	317,741	21,568,549	0.014732	58,631	864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	316,356	19,405,485	0.016302	769	13	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,237,565	86,316,750	0.014337	597,768	8,570	73.00
74.00	07400	RENAL DIALYSIS	27,429	2,732,688	0.010037	113,158	1,136	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	83,704	1,991,052	0.042040	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	416,376	5,736,882	0.072579	0	0	90.00
90.01	09001	DIABETES CENTER	36,450	248,533	0.146661	0	0	90.01
90.02	09002	NEUROPSYCH	9,549	225,027	0.042435	0	0	90.02
90.03	09003	WOUND CENTER	138,411	6,398,762	0.021631	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	133,329	1,017,456	0.131042	0	0	90.04
90.05	09005	VIMCARE CLINIC	226,402	822,245	0.275346	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	56,034	831,292	0.067406	0	0	90.06
91.00	09100	EMERGENCY	1,512,039	72,856,803	0.020754	7,317	152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,497,822	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,308,106	577,303,877		3,567,735	116,320	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 8:49 pm
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Title XVIII		Subprovider - IRF	PPS
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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	840,188	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	764,114	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	1,604,302	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 8:49 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	92,034,324	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,634,821	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	12,805,670	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	840,188	840,188	5,645,887	0.148814	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	11,052,724	0.000000	54.01
54.02	05404	ULTRA SOUND	0	0	0	6,051,791	0.000000	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	3,912,793	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,463,002	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	31,799,832	0.000000	57.00
58.00	05800	MRI	0	0	0	8,584,999	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,362,936	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	51,215,465	0.000000	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	5,770,942	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,347,696	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,168,603	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,132,208	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,549,419	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,011,051	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,761,263	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,349,105	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,568,549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,405,485	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	764,114	764,114	86,316,750	0.008852	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,732,688	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,991,052	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	5,736,882	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	248,533	0.000000	90.01
90.02	09002	NEUROPSYCH	0	0	0	225,027	0.000000	90.02
90.03	09003	WOUND CENTER	0	0	0	6,398,762	0.000000	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	1,017,456	0.000000	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	822,245	0.000000	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	831,292	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	72,856,803	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,497,822	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,604,302	1,604,302	577,303,877		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 8:49 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	31,555	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	5,662	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	8,714	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148814	22,359	3,327	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	0	0	0	54.01
54.02	05404	ULTRA SOUND	0.000000	0	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	51,837	0	0	57.00
58.00	05800	MRI	0.000000	38,172	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	27,232	0	0	59.00
60.00	06000	LABORATORY	0.000000	283,517	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	3,297	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	6,187	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	51,592	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	906,119	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	834,989	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	487,350	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	30,050	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,460	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	58,631	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	769	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.008852	597,768	5,291	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	113,158	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	0	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	7,317	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)		3,567,735	8,618	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 8:49 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 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 8:49 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,616	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,616	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)		27,213	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)		12,238	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)		41,961,093	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)		41,961,093	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)		41,961,093	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)		1,370.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,772,913	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)		16,772,913	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2019 8:49 pm	
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)		
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	7,076,128	3,212	2,203.03	1,165	2,566,530		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,812,285		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,151,728		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)					2,282,911		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,346,737		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,629,648		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,522,080		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)					3,403		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,370.56		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,664,016		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 8:49 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,991,487	41,961,093	0.118955	4,664,016	554,808	90.00
91.00	Nursing School cost	0	41,961,093	0.000000	4,664,016	0	91.00
92.00	Allied health cost	0	41,961,093	0.000000	4,664,016	0	92.00
93.00	All other Medical Education	0	41,961,093	0.000000	4,664,016	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 8:49 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)		3,918	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,918	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)		3,918	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,219	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)		5,073,833	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)		5,073,833	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)		5,073,833	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)		1,295.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,873,627	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)		2,873,627	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 8:49 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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,531,638		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				4,405,265		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)				377,851		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				124,938		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				502,789		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,902,476		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 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 8:49 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	667,170	5,073,833	0.131492	0	0	90.00
91.00	Nursing School cost	0	5,073,833	0.000000	0	0	91.00
92.00	Allied health cost	0	5,073,833	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,073,833	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 8:49 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		23,872,562	30.00
31.00	03100	INTENSIVE CARE UNIT		5,440,940	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	0.376852	11,866,100	4,471,764 50.00
51.00	05100	RECOVERY ROOM	0.300198	1,111,290	333,607 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.022516	2,059,106	46,363 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.142206	753,439	860,583 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.210406	898,804	189,114 54.01
54.02	05404	ULTRA SOUND	0.188604	661,069	124,680 54.02
54.03	05405	MAMMOGRAPHY	0.532191	120	64 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.333161	156,015	51,978 55.00
57.00	05700	CT SCAN	0.061866	3,663,808	226,665 57.00
58.00	05800	MRI	0.089778	862,353	77,420 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166363	6,795,311	1,130,488 59.00
60.00	06000	LABORATORY	0.249614	7,121,201	1,777,551 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.252587	309,263	78,116 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.364317	737,810	268,797 62.00
65.00	06500	RESPIRATORY THERAPY	0.476431	3,949,266	1,881,553 65.00
66.00	06600	PHYSICAL THERAPY	0.563610	1,753,571	988,330 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273318	824,981	225,482 67.00
68.00	06800	SPEECH PATHOLOGY	0.712205	162,560	115,776 68.00
69.00	06900	ELECTROCARDIOLOGY	0.094542	3,442,998	325,508 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257311	92,311	23,753 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.478141	5,867,615	2,805,547 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.586200	5,729,752	3,358,781 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373299	13,282,644	4,958,398 73.00
74.00	07400	RENAL DIALYSIS	0.355695	1,102,974	392,322 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.327029	12,916	4,224 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	0.573129	31,183	17,872 90.00
90.01	09001	DIABETES CENTER	1.353168	0	0 90.01
90.02	09002	NEUROPSYCH	0.849942	1,240	1,054 90.02
90.03	09003	WOUND CENTER	0.297433	29,693	8,832 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.301948	8,448	2,551 90.04
90.05	09005	VIMCARE CLINIC	2.274614	466	1,060 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.701870	1,899	1,333 90.06
91.00	09100	EMERGENCY	0.219124	9,413,477	2,062,719 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.405643	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)		82,703,683	26,812,285 200.00
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)		82,703,683	26,812,285 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 8:49 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		4,028,272	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	0.376852	31,555	50.00
51.00	05100	RECOVERY ROOM	0.300198	5,662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.022516	8,714	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.142206	22,359	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.210406	0	54.01
54.02	05404	ULTRA SOUND	0.188604	0	54.02
54.03	05405	MAMMOGRAPHY	0.532191	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.333161	0	55.00
57.00	05700	CT SCAN	0.061866	51,837	57.00
58.00	05800	MRI	0.089778	38,172	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166363	27,232	59.00
60.00	06000	LABORATORY	0.249614	283,517	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.252587	3,297	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.364317	6,187	62.00
65.00	06500	RESPIRATORY THERAPY	0.476431	51,592	65.00
66.00	06600	PHYSICAL THERAPY	0.563610	906,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273318	834,989	67.00
68.00	06800	SPEECH PATHOLOGY	0.712205	487,350	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094542	30,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.257311	1,460	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.478141	58,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.586200	769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373299	597,768	73.00
74.00	07400	RENAL DIALYSIS	0.355695	113,158	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.327029	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	0.573129	0	90.00
90.01	09001	DIABETES CENTER	1.353168	0	90.01
90.02	09002	NEUROPSYCH	0.849942	0	90.02
90.03	09003	WOUND CENTER	0.297433	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.301948	0	90.04
90.05	09005	VIMCARE CLINIC	2.274614	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.701870	0	90.06
91.00	09100	EMERGENCY	0.219124	7,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.405643	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)		3,567,735	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)		3,567,735	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 8:49 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)		25,191,127	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,731,748	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)		766,694	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		201.68	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)		5.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.18	31.00
32.00	Sum of lines 30 and 31		29.16	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.27	33.00
34.00	Disproportionate share adjustment (see instructions)		1,125,392	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 8:49 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)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000302844	0.000357119	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,049,255	2,954,400	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,532,730	744,671	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,277,401		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)	38,092,362		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)		38,092,362	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,049,864	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		155,087	53.00
54.00	Special add-on payments for new technologies		5,250	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)		229,700	58.00
59.00	Total (sum of amounts on lines 49 through 58)		41,532,263	59.00
60.00	Primary payer payments		54,052	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,478,211	61.00
62.00	Deductibles billed to program beneficiaries		3,824,764	62.00
63.00	Coinurance billed to program beneficiaries		24,790	63.00
64.00	Allowable bad debts (see instructions)		414,182	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		269,218	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		178,066	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,897,875	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)		24,490	70.93
70.94	HRR adjustment amount (see instructions)		-121,503	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 8:49 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,800,862	71.00
71.01	Sequestration adjustment (see instructions)		756,017	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		37,207,263	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-162,418	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,873,720	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		1.0007799581	1.0005262539
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)		0.9958	0.9985
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 01/01/2018 To 12/31/2018		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)	5.98	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	23.18	0.00			23.18	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	29.16	0.00			23.18	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)	201.68	0.00			201.68	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	13.27	0.00			8.34	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)	5.98	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)	2.57	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)	914	0			914	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	426	0			426	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	8	0			8	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	35	0			35	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	6,387	0			6,387	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	25	0			25	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,795	0			7,795	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	33,622	0			33,622	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)	33,622	0			33,622	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	23.18	0.00			23.18	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0112		Period: From 01/01/2018 To 12/31/2018		Worksheet DSH Date/Time Prepared: 5/29/2019 8:49 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	13.27		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		13.27		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.		13.27		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 01/01/2018 To 12/31/2018	Worksheet DSH Date/Time Prepared: 5/29/2019 8:49 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	8.34		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	8.34		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.	8.34		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 8:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		47,975	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,896,127	2.00
3.00	OPPS payments		30,418,003	3.00
4.00	Outlier payment (see instructions)		182,329	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		428,378	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		47,975	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		128,223	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)		128,223	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)		128,223	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		80,248	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)		47,975	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)		31,028,710	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,798,711	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)		25,277,974	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)		25,277,974	30.00
31.00	Primary payer payments		30,136	31.00
32.00	Subtotal (line 30 minus line 31)		25,247,838	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)		797,774	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		518,553	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		511,684	36.00
37.00	Subtotal (see instructions)		25,766,391	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)		25,766,391	40.00
40.01	Sequestration adjustment (see instructions)		515,328	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		24,988,998	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		262,065	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		639,926	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 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 8:49 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 8:49 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		37,171,663		24,988,998	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	08/14/2018	35,600		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)		35,600		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)		37,207,263		24,988,998	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		262,065	6.01	
6.02	SETTLEMENT TO PROGRAM		162,418		0	6.02	
7.00	Total Medicare program liability (see instructions)		37,044,845		25,251,063	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 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 8:49 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,832,088			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)					0 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)		3,832,088			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		89,795			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,921,883			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 8:49 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 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/29/2019 8:49 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,460,028 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0257 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			192,032 3.00
4.00	Outlier Payments			379,039 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.734247 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,031,099 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,031,099 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,031,099 19.00
20.00	Deductibles			18,736 20.00
21.00	Subtotal (line 19 minus line 20)			4,012,363 21.00
22.00	Coinsurance			20,734 22.00
23.00	Subtotal (line 21 minus line 22)			3,991,629 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,576 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,674 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,316 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,993,303 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)			8,618 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,001,921 32.00
32.01	Sequestration adjustment (see instructions)			80,038 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,832,088 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)			89,795 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			23,297 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			379,039 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 01/01/2018
To 12/31/2018

Worksheet G

Date/Time Prepared:
5/29/2019 8:49 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	23,076,347	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	63,957,968	0	0	0	4.00
5.00	Other receivable	-830,246	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-31,589,804	0	0	0	6.00
7.00	Inventory	5,061,467	0	0	0	7.00
8.00	Prepaid expenses	4,422,064	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	64,097,796	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,976,052	0	0	0	12.00
13.00	Land improvements	20,873,669	0	0	0	13.00
14.00	Accumulated depreciation	-11,644,555	0	0	0	14.00
15.00	Buildings	207,246,432	0	0	0	15.00
16.00	Accumulated depreciation	-130,900,731	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	9,493,917	0	0	0	19.00
20.00	Accumulated depreciation	-7,219,586	0	0	0	20.00
21.00	Automobiles and trucks	2,375,448	0	0	0	21.00
22.00	Accumulated depreciation	-1,579,227	0	0	0	22.00
23.00	Major movable equipment	152,638,285	0	0	0	23.00
24.00	Accumulated depreciation	-94,192,838	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)	149,066,866	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	157,494,670	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	33,468,482	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	190,963,152	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	404,127,814	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,766,149	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,097,682	0	0	0	38.00
39.00	Payroll taxes payable	981,827	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,425,000	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	6,976,816	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,247,474	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	49,450,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	483,329	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)	49,933,329	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	88,180,803	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	315,947,011				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)	315,947,011	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	404,127,814	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 8:49 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		321,110,046		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		19,207,639			2.00
3.00	Total (sum of line 1 and line 2)		340,317,685		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NURSING HOME CONTRIBUTIONS	12,095,547		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)		12,095,547		0	10.00
11.00	Subtotal (line 3 plus line 10)		352,413,232		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	EQUITY TRANSFERS WHOLLY OWNED SUBS	36,464,273		0		13.00
14.00	RESTRICTED FUND CHANGE	1,948		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)		36,466,221		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		315,947,011		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	RESTRICTED FUND CHANGE		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 01/01/2018
To 12/31/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 8:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,122,618		61,122,618	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	7,090,975		7,090,975	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)	68,213,593		68,213,593	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,543,265		13,543,265	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)	13,543,265		13,543,265	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	81,756,858		81,756,858	17.00
18.00	Ancillary services	159,107,266	346,965,972	506,073,238	18.00
19.00	Outpatient services	17,114,417	55,742,386	72,856,803	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	0	22.00
23.00	AMBULANCE SERVICES	0	12,008,775	12,008,775	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	2,570,892	0	2,570,892	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	260,549,433	414,717,133	675,266,566	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		273,765,723		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	6,836,727			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		6,836,727		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)		280,602,450		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0112

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 8:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	675,266,566	1.00
2.00	Less contractual allowances and discounts on patients' accounts	376,298,335	2.00
3.00	Net patient revenues (line 1 minus line 2)	298,968,231	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	280,602,450	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,365,781	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	510,131	6.00
7.00	Income from investments	14,659,326	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	102,781	10.00
11.00	Rebates and refunds of expenses	2,076	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	973,602	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	40,997	17.00
18.00	Revenue from sale of medical records and abstracts	22,932	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	20,524	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	140	21.00
22.00	Rental of hospital space	151,825	22.00
23.00	Governmental appropriations	486,000	23.00
24.00	UNREALIZED INVESTMENT LOSSES	-18,870,279	24.00
24.01	WELLNESS REVENUE	204,520	24.01
24.02	JOINT VENTURES	585,115	24.02
24.03	CRHP REVENUE	2,922,439	24.03
24.04	OTHER NON OPERATING EXPENSES	616,297	24.04
24.05	OTHER (SPECIFY)	0	24.05
25.00	Total other income (sum of lines 6-24)	2,428,426	25.00
26.00	Total (line 5 plus line 25)	20,794,207	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	179,189	27.00
27.01	OTHER NON OPERATING EXPENSES	1,407,379	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,586,568	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	19,207,639	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 8:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,762,479	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		119,426	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)		83.36	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)		5.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.18	8.00
9.00	Sum of lines 7 and 8		29.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.08	10.00
11.00	Disproportionate share adjustment (see instructions)		167,959	11.00
12.00	Total prospective capital payments (see instructions)		3,049,864	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