

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 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 1:20 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: 5/24/2017 Time: 1:20 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 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 01/01/2016 and ending 12/31/2016 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.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_ Title

\_\_\_\_\_ Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	221,726	71,608	-17,491	0 1.00
2.00	Subprovider - IPF	0	0	0		0 2.00
3.00	Subprovider - IRF	0	-3,817	0		0 3.00
4.00	SUBPROVIDER I					0 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	217,909	71,608	-17,491	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 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 8:05 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47201-		County: BARTHOLOMEW		
1.00 Street: 2400 EAST 17TH STREET		2.00 City: COLUMBUS								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)					8			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an 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.	985	796	21	0	5,867	73		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.	15	153	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 8:05 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? 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	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	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)		0.00	0.00			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)		0.00	0.00			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)		0.00	0.00			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).		0.00	0.00			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)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
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 and enter in column 4, 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 and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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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		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
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 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
<b>Inpatient Rehabilitation Facility PPS</b>						
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 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		
<b>Long Term Care Hospital PPS</b>						
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
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
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

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		V		XIX				
		1.00		2.00				
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		
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>								
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		
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:	664,868		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? 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		
<b>Transplant Center Information</b>								
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 8:05 pm	
		1.00		2.00			
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	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						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	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 8:05 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	04/01/2016	06/29/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 8:05 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/18/2017	Y	04/18/2017		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	04/18/2017	Y	04/18/2017		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 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 8:05 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		SI MMONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COLUMBUS REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-376-5248		CSIMMONS@CRH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/23/2017 8:05 pm
		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
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.	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.	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.	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	
<b>CRITICAL ACCESS HOSPITALS</b>				
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.	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.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
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.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
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.	Y	Y	7.00
<b>RHC</b>				
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	132	48,312	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)		132	48,312	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	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)		150	54,900	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	6,588		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)		168				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,337	5,620	25,803			1.00
2.00 HMO and other (see instructions)	2,933	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	440	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,337	5,620	25,803			7.00
8.00 INTENSIVE CARE UNIT	1,171	399	2,505			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		1,723	3,634			13.00
14.00 Total (see instructions)	12,508	7,742	31,942	0.00	1,263.00	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	2,288	168	3,825	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	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,287.00	27.00
28.00 Observation Bed Days		761	3,522			28.00
29.00 Ambulance Trips	4,160					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	3,652	1,631	8,595	1.00
2.00 HMO and other (see instructions)			824	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	3,652	1,631	8,595	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	168	19	293	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						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	76,194,152	-524,015	75,670,137	2,632,745.00	28.74
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		581,306	0	581,306	3,579.00	162.42
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		182,436	0	182,436	4,160.00	43.85
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)		4,601,597	896,291	5,497,888	231,719.00	23.73
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		12,043,058	0	12,043,058	246,874.00	48.78
12.00	Contract labor: Top level management and other management and administrative services		1,714,187	0	1,714,187	33,571.00	51.06
13.00	Contract Labor: Physician-Part A - Administrative		3,098,867	0	3,098,867	28,086.00	110.33
14.00	Home office and/or related organization salaries and wage-related costs		5,354,278	0	5,354,278	51,515.00	103.94
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		24,193,427	0	24,193,427		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,902,270	0	1,902,270		
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		264,244	0	264,244		
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		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,256,518	-1,143,511	113,007	3,913.00	28.88
27.00	Administrative & General	5.00	11,759,496	588,120	12,347,616	418,666.00	29.49



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,982,403	0	4,982,403	61,648.00	80.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,214,717	40,415	2,255,132	77,316.00	29.17	30.00
31.00	Laundry & Linen Service	8.00	53,255	135	53,390	3,488.00	15.31	31.00
32.00	Housekeeping	9.00	1,644,657	13,566	1,658,223	117,830.00	14.07	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,859,712	-1,277,376	582,336	35,657.00	16.33	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,293,147	1,293,147	81,862.00	15.80	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,399,337	24,848	3,424,185	76,201.00	44.94	38.00
39.00	Central Services and Supply	14.00	430	-137	293	25.00	11.72	39.00
40.00	Pharmacy	15.00	3,513,299	-161,032	3,352,267	74,522.00	44.98	40.00
41.00	Medical Records & Medical Records Library	16.00	1,489,044	-679,388	809,656	32,620.00	24.82	41.00
42.00	Social Service	17.00	509,370	8,169	517,539	15,071.00	34.34	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/23/2017 8:05 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	80,412,813	-524,015	79,888,798	2,686,654.00	29.74	1.00
2.00	Excluded area salaries (see instructions)	4,601,597	896,291	5,497,888	231,719.00	23.73	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,811,216	-1,420,306	74,390,910	2,454,935.00	30.30	3.00
4.00	Subtotal other wages & related costs (see inst.)	22,210,390	0	22,210,390	360,046.00	61.69	4.00
5.00	Subtotal wage-related costs (see inst.)	24,193,427	0	24,193,427	0.00	32.52	5.00
6.00	Total (sum of lines 3 thru 5)	122,215,033	-1,420,306	120,794,727	2,814,981.00	42.91	6.00
7.00	Total overhead cost (see instructions)	32,682,238	-1,293,044	31,389,194	998,819.00	31.43	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2017 8:05 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	3,354,138	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,542,988	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	13,473,087	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	528,274	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,799	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)	1,155,013	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	280,985	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,490,887	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	39,893	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	59,148	22.00
23.00	Tuition Reimbursement	375,729	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,359,941	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	12,043,058	26,359,941	1.00
2.00	Hospital	12,043,058	26,359,941	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/23/2017 8:05 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.375395	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		15,191,969	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 or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		3,575,554	5.00
6.00	Medicaid charges		85,323,933	6.00
7.00	Medicaid cost (line 1 times line 6)		32,030,178	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)		13,262,655	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
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
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Uncompensated care (see instructions for each line)</b>				
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)		13,262,655	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	5,969,586	3,769,344	9,738,930
21.00	Cost of patients approved for charity care (line 1 times line 20)	2,240,953	1,414,993	3,655,946
22.00	Partial payment by patients approved for charity care	120,864	0	120,864
23.00	Cost of charity care (line 21 minus line 22)	2,120,089	1,414,993	3,535,082
				1.00
24.00	Does the amount in 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," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,456,626	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		589,417	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		11,867,209	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,454,891	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,989,973	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,252,628	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/23/2017 8:05 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		17,872,057	17,872,057	-7,177,600	10,694,457	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,541,923	9,541,923	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,256,518	30,460,726	31,717,244	-3,729,518	27,987,726	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,759,496	37,506,523	49,266,019	-3,467,069	45,798,950	5.00
7.00	00700	OPERATION OF PLANT	2,214,717	6,189,330	8,404,047	-2,189,238	6,214,809	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,255	608,000	661,255	135	661,390	8.00
9.00	00900	HOUSEKEEPING	1,644,657	520,524	2,165,181	13,566	2,178,747	9.00
10.00	01000	DIETARY	1,859,712	1,017,476	2,877,188	-1,978,929	898,259	10.00
11.00	01100	CAFETERIA	0	0	0	1,994,700	1,994,700	11.00
13.00	01300	NURSING ADMINISTRATION	3,399,337	148,548	3,547,885	24,848	3,572,733	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	430	938,145	938,575	195,742	1,134,317	14.00
15.00	01500	PHARMACY	3,513,299	2,015,134	5,528,433	-128,481	5,399,952	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,489,044	1,801,019	3,290,063	-1,829,584	1,460,479	16.00
17.00	01700	SOCIAL SERVICE	509,370	1,465	510,835	11,080	521,915	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	153,691	4,867	158,558	325,346	483,904	23.01
23.02	02302	PHARMACY RESIDENCY PROG	168,794	4,561	173,355	188,590	361,945	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,133,951	1,522,679	15,656,630	525,146	16,181,776	30.00
31.00	03100	INTENSIVE CARE UNIT	1,883,182	1,151,266	3,034,448	-132,790	2,901,658	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	1,373,021	103,121	1,476,142	193,911	1,670,053	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	724,068	16,964	741,032	-9,015	732,017	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	531,596	25,051,220	25,582,816	-6,794,991	18,787,825	50.00
51.00	05100	RECOVERY ROOM	1,399	1,065,670	1,067,069	282,503	1,349,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	179,456	179,456	70,828	250,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,791,455	478,103	2,269,558	-146,983	2,122,575	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	318,215	1,088,952	1,407,167	-266,115	1,141,052	54.01
54.02	05404	ULTRA SOUND	475,385	110,604	585,989	82,561	668,550	54.02
54.03	05405	MAMMOGRAPHY	722,033	254,115	976,148	140,515	1,116,663	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,522,694	146,648	1,669,342	322,235	1,991,577	55.00
57.00	05700	CT SCAN	604,322	322,088	926,410	6,573	932,983	57.00
58.00	05800	MRI	287,317	68,885	356,202	74,787	430,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,583,587	3,215,104	4,798,691	-2,607,301	2,191,390	59.00
60.00	06000	LABORATORY	3,669,603	3,392,979	7,062,582	94,629	7,157,211	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	338,673	173,423	512,096	226,241	738,337	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	528,075	528,075	82,229	610,304	62.00
65.00	06500	RESPIRATORY THERAPY	1,550,245	304,389	1,854,634	-48,981	1,805,653	65.00
66.00	06600	PHYSICAL THERAPY	4,117,949	610,826	4,728,775	-733,718	3,995,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	497,773	8,893	506,666	921,235	1,427,901	67.00
68.00	06800	SPEECH PATHOLOGY	726,244	301,912	1,028,156	-168,445	859,711	68.00
69.00	06900	ELECTROCARDIOLOGY	530,862	192,927	723,789	-109,410	614,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	644,497	217,960	862,457	25,773	888,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,958,498	5,958,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,582,734	7,582,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,026,798	17,026,798	0	17,026,798	73.00
74.00	07400	RENAL DIALYSIS	0	549,970	549,970	0	549,970	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	167,059	133,291	300,350	5,429	305,779	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	799,082	338,099	1,137,181	2,233	1,139,414	90.00
90.01	09001	DIABETES CENTER	81,113	99,742	180,855	42,513	223,368	90.01
90.02	09002	NEUROPSYCH	265,181	13,592	278,773	5,241	284,014	90.02
90.03	09003	WOUND CENTER	493,692	957,662	1,451,354	-153,337	1,298,017	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0	0	0	252,540	252,540	90.04
90.05	09005	VIMCARE CLINIC	171,802	28,310	200,112	0	200,112	90.05
91.00	09100	EMERGENCY	5,259,741	1,159,967	6,419,708	1,667,922	8,087,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,733,537	325,004	3,058,541	65,981	3,124,522	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE		1,443,046	1,443,046	-1,443,046	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	76,021,598	161,670,115	237,691,713	-2,186,364	235,505,349	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	269,493	269,493	194.00
194.01	07951 BUILDING RENTALS	0	78,408	78,408	0	78,408	194.01
194.02	07952 HOSPICE	0	70,946	70,946	0	70,946	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	264,590	264,590	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	1,605,965	1,605,965	194.05
194.06	07956 CRH FOUNDATION	932	444	1,376	0	1,376	194.06
194.07	07957 HEALTHY COMMUNITIES	171,622	8,069	179,691	-5,222	174,469	194.07
194.08	07958 CRHP	0	0	0	51,538	51,538	194.08
200.00	TOTAL (SUM OF LINES 118-199)	76,194,152	161,827,982	238,022,134	0	238,022,134	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-65,426	10,629,031	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-344,185	9,197,738	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-629,957	27,357,769	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,307,405	29,491,545	5.00
7.00	00700	OPERATION OF PLANT	-18,916	6,195,893	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	661,390	8.00
9.00	00900	HOUSEKEEPING	-170	2,178,577	9.00
10.00	01000	DIETARY	-9,614	888,645	10.00
11.00	01100	CAFETERIA	-1,133,492	861,208	11.00
13.00	01300	NURSING ADMINISTRATION	-856	3,571,877	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,134,317	14.00
15.00	01500	PHARMACY	-55,390	5,344,562	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-24,176	1,436,303	16.00
17.00	01700	SOCIAL SERVICE	0	521,915	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-20,495	463,409	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	361,945	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-588,127	15,593,649	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,901,658	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	1,670,053	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	732,017	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-114,297	18,673,528	50.00
51.00	05100	RECOVERY ROOM	0	1,349,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-8,040	242,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45,928	2,076,647	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,141,052	54.01
54.02	05404	ULTRA SOUND	0	668,550	54.02
54.03	05405	MAMMOGRAPHY	-573	1,116,090	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-225	1,991,352	55.00
57.00	05700	CT SCAN	0	932,983	57.00
58.00	05800	MRI	0	430,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	-41,337	2,150,053	59.00
60.00	06000	LABORATORY	-19,958	7,137,253	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-9,459	728,878	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	610,304	62.00
65.00	06500	RESPIRATORY THERAPY	0	1,805,653	65.00
66.00	06600	PHYSICAL THERAPY	-142	3,994,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,427,901	67.00
68.00	06800	SPEECH PATHOLOGY	-751	858,960	68.00
69.00	06900	ELECTROCARDIOLOGY	-22,611	591,768	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	888,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,958,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,582,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,026,798	73.00
74.00	07400	RENAL DIALYSIS	0	549,970	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2,684	303,095	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,139,414	90.00
90.01	09001	DIABETES CENTER	-262	223,106	90.01
90.02	09002	NEUROPSYCH	-182,406	101,608	90.02
90.03	09003	WOUND CENTER	0	1,298,017	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	252,540	90.04
90.05	09005	VIMCARE CLINIC	-32,132	167,980	90.05
91.00	09100	EMERGENCY	0	8,087,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-430,961	2,693,561	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 01/01/2016  
To 12/31/2016

Worksheet A  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
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 1-117)	-20,109,975	215,395,374	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	269,493	194.00
194.01	07951	BUILDING RENTALS	0	78,408	194.01
194.02	07952	HOSPICE	0	70,946	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	264,590	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,605,965	194.05
194.06	07956	CRH FOUNDATION	0	1,376	194.06
194.07	07957	HEALTHY COMMUNITIES	0	174,469	194.07
194.08	07958	CRHP	0	51,538	194.08
200.00		TOTAL (SUM OF LINES 118-199)	-20,109,975	217,912,159	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS W Date/Time Prepared: 5/23/2017 8:05 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	05402		54.01
54.02	ULTRA SOUND	05404		54.02
54.03	MAMMOGRAPHY	05405		54.03
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY-PATHOLOGICAL	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ACUPUNCTURE	03020	ACUPUNCTURE	76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	09500		95.00
99.10	CORF	09910		99.10

COST CENTERS USED IN COST REPORT

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet Non-CMS W  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1. 00	2. 00	
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 1-117)			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
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-6  
Date/Time Prepared:  
5/23/2017 8:05 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>B - RECLASS DEPREC BLDG/EQUIP</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	953,811	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	489,235	2.00
	0		0	1,443,046	
<b>C - RECLASS INSURANCE</b>					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,260	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	921,277	2.00
3.00	AMBULANCE SERVICES	95.00	0	35,407	3.00
4.00	LABORATORY	60.00	0	3,149	4.00
	0		0	961,093	
<b>D - RECLASS BILLING COST</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	699,602	1,150,196	1.00
	0		699,602	1,150,196	
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	64,083	149,221	1.00
	0		64,083	149,221	
<b>F - RECLASS CAFETERIA EXPENSE</b>					
1.00	CAFETERIA	11.00	1,282,273	701,553	1.00
	0		1,282,273	701,553	
<b>G - RECLASS WELLNESS</b>					
1.00	WELLNESS COMMUNITY	194.00	171,955	109,342	1.00
	0		171,955	109,342	
<b>H - RECLASS PHYSICIAN FEES</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	508,000	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	229,383	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	27,200	3.00
4.00	SUBPROVIDER - IRF	41.00	0	80,000	4.00
5.00	OPERATING ROOM	50.00	0	250,350	5.00
6.00	ANESTHESIOLOGY	53.00	0	45,000	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,500	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	84,145	8.00
9.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	9.00
11.00	PHYSICAL THERAPY	66.00	0	14,000	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	48,744	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,600	13.00
14.00	CARDIAC REHABILITATION	76.97	0	5,429	14.00
15.00	EMERGENCY	91.00	0	1,633,416	15.00
16.00	AMBULANCE SERVICES	95.00	0	17,500	16.00
17.00	WOUND CENTER	90.03	0	5,429	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	596	18.00
19.00	ADULTS & PEDIATRICS	30.00	0	581,306	19.00
	0		0	3,832,598	
<b>I - RECLASS REHAB SERVICES</b>					
1.00	OCCUPATIONAL THERAPY	67.00	25,826	25,866	1.00
2.00	PHYSICAL THERAPY	66.00	55,156	49,900	2.00
3.00	SPEECH PATHOLOGY	68.00	14,381	79,634	3.00
4.00	SUBPROVIDER - IRF	41.00	128,472	5,823	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	6,169	3,882	5.00
6.00	SOCIAL SERVICE	17.00	4,626	2,911	6.00
7.00	ADULTS & PEDIATRICS	30.00	41,638	26,202	7.00
8.00	NEUROPSYCH	90.02	6,169	3,882	8.00
9.00	WOUND CENTER	90.03	10,494	86,174	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	1,166	37,236	10.00
11.00	DIABETES CENTER	90.01	28,814	13,586	11.00
	0		322,911	335,096	
<b>J - RECLASS PHARMACY RES PROGRAM</b>					
1.00	PHARMACY RESIDENCY PROG	23.02	183,230	4,531	1.00
	0		183,230	4,531	
<b>L - RECLASS MARKETING EXPENSE</b>					
1.00	NONALLOWABLE MARKETING	194.05	0	125,000	1.00
	0		0	125,000	
<b>M - RECLASS DEPRECIATION EXPENSE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,052,688	1.00
	0		0	9,052,688	
<b>N - RECLASS MAINTENANCE EXPENSE</b>					
1.00	RESPIRATORY THERAPY	65.00	0	16,600	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	3,801	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	289,619	3.00
5.00	OPERATING ROOM	50.00	0	283,135	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	258,415	6.00
7.00	LABORATORY	60.00	0	151,570	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	10,917	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	14,176	9.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-6

Date/Time Prepared:  
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	204,233	10.00
11.00	MAMMOGRAPHY	54.03	0	137,244	11.00
12.00	ULTRA SOUND	54.02	0	90,581	12.00
13.00	CT SCAN	57.00	0	192,566	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	191,077	14.00
15.00	MRI	58.00	0	140,927	15.00
16.00	PHARMACY	15.00	0	37,082	16.00
17.00	EMERGENCY	91.00	0	84,523	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	4,247	18.00
19.00	ADULTS & PEDIATRICS	30.00	0	93,454	19.00
20.00	INTENSIVE CARE UNIT	31.00	0	12,743	20.00
21.00	SUBPROVIDER - IRF	41.00	0	12,743	21.00
			0	2,229,653	
<b>P - RECLASS CRHP EXPENSES</b>					
1.00	CRHP	194.08	51,538	0	1.00
	TOTALS		51,538	0	
<b>Q - RECLASS XRAY EDUCATION EXPENSES</b>					
1.00	XRAY EDUCATION	23.01	50	0	1.00
2.00	XRAY EDUCATION	23.01	321,468	417	2.00
3.00	XRAY EDUCATION	23.01	0	2,808	3.00
			321,518	3,225	
<b>R - RECLASS ADMIN HEALTHY COMMUNITIES</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	45,649	0	1.00
			45,649	0	
<b>S - RECLASS NON ALLOW ADVERTISING COSTS</b>					
1.00	NONALLOWABLE MARKETING	194.05	0	1,480,965	1.00
			0	1,480,965	
<b>T - RECL EQUIP RENTAL TO CHARGEABLE SUPP</b>					
1.00		0.00	0	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	205,931	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	74,426	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,385	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	40,125	5.00
			0	355,867	
<b>U - RECLASS CHARGEABLE SUPPLY COST</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	210,301	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	89,182	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,626	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,471	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,941,860	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,862,119	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,221	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	58,486	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	458,247	9.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,018	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,238	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	188,057	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,535	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,265,688	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,720,615	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	38,649	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,065	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	264,590	19.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	164,443	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	41,164	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,486	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,894	23.00	
	<b>O</b>		0	13,449,955		
<b>V - RECL PTO COST FOR STD ELIMINATION PD</b>						
1.00		0.00	0	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,947	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,279	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,161	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	137	5.00	
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,488	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,672	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	468	8.00	
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,525	9.00	
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,418	10.00	
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,810	11.00	
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,274	12.00	
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,263	13.00	
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,941	14.00	
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	130,895	15.00	
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,453	16.00	
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,934	17.00	
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,786	18.00	
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,323	19.00	
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,319	20.00	
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,321	21.00	
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,485	22.00	
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,199	23.00	
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	273	24.00	
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,510	25.00	
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,027	26.00	
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,499	27.00	
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,764	28.00	
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,182	29.00	
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,648	30.00	
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,800	31.00	
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,140	32.00	
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	52,837	33.00	
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,226	34.00	
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,973	35.00	
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,038	36.00	
	<b>O</b>		0	524,015		
<b>W - RECLASS DEPT 9902 EMP BENEFITS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	464,120	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	195,879	2.00	
3.00	OPERATING ROOM	50.00	0	2,027,321	3.00	
4.00	RECOVERY ROOM	51.00	0	284,724	4.00	
5.00	ANESTHESIOLOGY	53.00	0	25,828	5.00	
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	279,654	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,435	0	7.00	
8.00	ADMINISTRATIVE & GENERAL	5.00	252,806	0	8.00	
9.00	OPERATION OF PLANT	7.00	43,087	0	9.00	
10.00	LAUNDRY & LINEN SERVICE	8.00	603	0	10.00	
11.00	HOUSEKEEPING	9.00	21,091	0	11.00	
12.00	DIETARY	10.00	9,315	0	12.00	
13.00	CAFETERIA	11.00	20,684	0	13.00	
14.00	NURSING ADMINISTRATION	13.00	65,122	0	14.00	
15.00	PHARMACY	15.00	46,461	0	15.00	
16.00	MEDICAL RECORDS & LIBRARY	16.00	32,155	0	16.00	
17.00	SOCIAL SERVICE	17.00	10,704	0	17.00	
18.00	XRAY EDUCATION	23.01	603	0	18.00	
19.00	PHARMACY RESIDENCY PROG	23.02	829	0	19.00	
20.00	ADULTS & PEDIATRICS	30.00	100,290	0	20.00	
21.00	INTENSIVE CARE UNIT	31.00	10,328	0	21.00	
22.00	SUBPROVIDER - IRF	41.00	15,818	0	22.00	
23.00	NURSERY	43.00	3,242	0	23.00	
24.00	OPERATING ROOM	50.00	3,505	0	24.00	
25.00	RADIOLOGY-DIAGNOSTIC	54.00	37,476	0	25.00	
26.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	1,055	0	26.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
27.00	ULTRA SOUND	54.02	2,299	0	27.00	
28.00	MAMMOGRAPHY	54.03	11,568	0	28.00	
29.00	RADIOLOGY-THERAPEUTIC	55.00	3,505	0	29.00	
30.00	CT SCAN	57.00	2,337	0	30.00	
31.00	MRI	58.00	905	0	31.00	
32.00	CARDIAC CATHETERIZATION	59.00	15,265	0	32.00	
33.00	LABORATORY	60.00	44,462	0	33.00	
34.00	LABORATORY-PATHOLOGICAL	60.01	1,809	0	34.00	
35.00	RESPIRATORY THERAPY	65.00	21,007	0	35.00	
36.00	PHYSICAL THERAPY	66.00	24,424	0	36.00	
37.00	OCCUPATIONAL THERAPY	67.00	12,660	0	37.00	
38.00	SPEECH PATHOLOGY	68.00	10,930	0	38.00	
39.00	ELECTROCARDIOLOGY	69.00	2,488	0	39.00	
40.00	ELECTROENCEPHALOGRAPHY	70.00	9,095	0	40.00	
41.00	CLINIC	90.00	5,271	0	41.00	
42.00	DIABETES CENTER	90.01	113	0	42.00	
43.00	NEUROPSYCH	90.02	389	0	43.00	
44.00	WOUND CENTER	90.03	2,174	0	44.00	
45.00	HYPERBARIC OXYGEN THERAPY	90.04	238	0	45.00	
46.00	EMERGENCY	91.00	37,306	0	46.00	
47.00	AMBULANCE SERVICES	95.00	45,194	0	47.00	
48.00	WELLNESS COMMUNITY	194.00	2,516	0	48.00	
49.00	HEALTHY COMMUNITIES	194.07	40,427	0	49.00	
			978,991	3,277,526		
X - RECLASS OT SALARIES AND OTHER EXP						
1.00	OCCUPATIONAL THERAPY	67.00	694,152	165,641	1.00	
			694,152	165,641		
Y - RECLASS RACE FOR WELLNESS/OP/PT						
1.00	PHYSICAL THERAPY	66.00	0	7,844	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0	1,641	2.00	
3.00	PHYSICAL THERAPY	66.00	0	3,998	3.00	
4.00	OCCUPATIONAL THERAPY	67.00	0	837	4.00	
			0	14,320		
Z - RECLASS LAB BLOOD SUPERVISOR						
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	68,053	0	1.00	
			68,053	0		
500.00	Grand Total: Increases		4,883,955	39,365,531	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>B - RECLASS DEPREC BLDG/EQUIP</b>							
1.00	INTEREST EXPENSE	113.00	0	953,811	11		1.00
2.00	INTEREST EXPENSE	113.00	0	489,235	11		2.00
	O		0	1,443,046			
<b>C - RECLASS INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,260	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	921,277	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	35,407	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	3,149	0		4.00
	O		0	961,093			
<b>D - RECLASS BILLING COST</b>							
1.00	MEDICAL RECORDS & LIBRARY	16.00	699,602	1,150,196	0		1.00
	O		699,602	1,150,196			
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>							
1.00	WOUND CENTER	90.03	64,083	149,221	0		1.00
	O		64,083	149,221			
<b>F - RECLASS CAFETERIA EXPENSE</b>							
1.00	DIETARY	10.00	1,282,273	701,553	0		1.00
	O		1,282,273	701,553			
<b>G - RECLASS WELLNESS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	171,955	109,342	0		1.00
	O		171,955	109,342			
<b>H - RECLASS PHYSICIAN FEES</b>							
1.00	OPERATING ROOM	50.00	0	508,000	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	229,383	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	27,200	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	80,000	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	250,350	0		5.00
6.00	OPERATING ROOM	50.00	0	45,000	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	67,500	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	84,145	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	225,000	0		9.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	14,000	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	48,744	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	9,600	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	0	5,429	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	1,633,416	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	17,500	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	5,429	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	596	0		18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	0	581,306	0		19.00
	O		0	3,832,598			
<b>I - RECLASS REHAB SERVICES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	25,826	25,866	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	55,156	49,900	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	14,381	79,634	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	128,472	5,823	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	6,169	3,882	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	4,626	2,911	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	41,638	26,202	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	6,169	3,882	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	10,494	86,174	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	1,166	37,236	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	28,814	13,586	0		11.00
	O		322,911	335,096			
<b>J - RECLASS PHARMACY RES PROGRAM</b>							
1.00	PHARMACY	15.00	183,230	4,531	0		1.00
	O		183,230	4,531			
<b>L - RECLASS MARKETING EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	125,000	0		1.00
	O		0	125,000			
<b>M - RECLASS DEPRECIATION EXPENSE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,052,688	9		1.00
	O		0	9,052,688			
<b>N - RECLASS MAINTENANCE EXPENSE</b>							
1.00	OPERATION OF PLANT	7.00	0	16,600	0		1.00
2.00	OPERATION OF PLANT	7.00	0	3,801	0		2.00
3.00	OPERATION OF PLANT	7.00	0	289,619	0		3.00
5.00	OPERATION OF PLANT	7.00	0	283,135	0		5.00
6.00	OPERATION OF PLANT	7.00	0	258,415	0		6.00
7.00	OPERATION OF PLANT	7.00	0	151,570	0		7.00
8.00	OPERATION OF PLANT	7.00	0	10,917	0		8.00
9.00	OPERATION OF PLANT	7.00	0	14,176	0		9.00
10.00	OPERATION OF PLANT	7.00	0	204,233	0		10.00



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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
11.00	OPERATION OF PLANT	7.00	0	137,244	0	11.00	
12.00	OPERATION OF PLANT	7.00	0	90,581	0	12.00	
13.00	OPERATION OF PLANT	7.00	0	192,566	0	13.00	
14.00	OPERATION OF PLANT	7.00	0	191,077	0	14.00	
15.00	OPERATION OF PLANT	7.00	0	140,927	0	15.00	
16.00	OPERATION OF PLANT	7.00	0	37,082	0	16.00	
17.00	OPERATION OF PLANT	7.00	0	84,523	0	17.00	
18.00	OPERATION OF PLANT	7.00	0	4,247	0	18.00	
19.00	OPERATION OF PLANT	7.00	0	93,454	0	19.00	
20.00	OPERATION OF PLANT	7.00	0	12,743	0	20.00	
21.00	OPERATION OF PLANT	7.00	0	12,743	0	21.00	
	O		0	2,229,653			
P - RECLASS CRHP EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	51,538	0	0	1.00	
	TOTALS		51,538	0			
Q - RECLASS XRAY EDUCATION EXPENSES							
1.00	RESPIRATORY THERAPY	65.00	50	0	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	321,468	417	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,808	0	3.00	
	O		321,518	3,225			
R - RECLASS ADMIN HEALTHY COMMUNITIES							
1.00	HEALTHY COMMUNITIES	194.07	45,649	0	0	1.00	
	O		45,649	0			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,480,965	0	1.00	
	O		0	1,480,965			
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP							
1.00		0.00	0	0	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	205,931	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	74,426	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	35,385	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	40,125	0	5.00	
	O		0	355,867			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	210,301	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	89,182	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	4,626	0	3.00	
4.00	NURSERY	43.00	0	2,471	0	4.00	
5.00	OPERATING ROOM	50.00	0	2,941,860	0	5.00	
6.00	OPERATING ROOM	50.00	0	5,862,119	0	6.00	
7.00	RECOVERY ROOM	51.00	0	2,221	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	58,486	0	8.00	
9.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	458,247	0	9.00	
11.00	MAMMOGRAPHY	54.03	0	5,018	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,238	0	12.00	
13.00	CT SCAN	57.00	0	188,057	0	13.00	
14.00	MRI	58.00	0	61,535	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	1,265,688	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	1,720,615	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	38,649	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	11,065	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	264,590	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	164,443	0	20.00	
21.00	WOUND CENTER	90.03	0	41,164	0	21.00	
22.00	EMERGENCY	91.00	0	34,486	0	22.00	
23.00	AMBULANCE SERVICES	95.00	0	20,894	0	23.00	
	O		0	13,449,955			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00		0.00	0	0	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	2,947	0	0	2.00	
3.00	MAMMOGRAPHY	54.03	3,279	0	0	3.00	
4.00	SOCIAL SERVICE	17.00	7,161	0	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	137	0	0	5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	35,488	0	0	6.00	
7.00	OPERATION OF PLANT	7.00	2,672	0	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	468	0	0	8.00	
9.00	HOUSEKEEPING	9.00	7,525	0	0	9.00	
10.00	DIETARY	10.00	4,418	0	0	10.00	
11.00	CAFETERIA	11.00	9,810	0	0	11.00	
12.00	NURSING ADMINISTRATION	13.00	40,274	0	0	12.00	
13.00	PHARMACY	15.00	24,263	0	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	11,941	0	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	130,895	0	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	19,453	0	0	16.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

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			
17.00	SUBPROVIDER - IRF	41.00	8,934	0	0	17.00	
18.00	NURSERY	43.00	9,786	0	0	18.00	
19.00	OPERATING ROOM	50.00	2,323	0	0	19.00	
20.00	ULTRA SOUND	54.02	10,319	0	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	8,321	0	0	21.00	
22.00	LABORATORY-PATHOLOGICAL	60.01	11,485	0	0	22.00	
23.00	NEUROPSYCH	90.02	5,199	0	0	23.00	
24.00	CT SCAN	57.00	273	0	0	24.00	
25.00	MRI	58.00	5,510	0	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	10,027	0	0	26.00	
27.00	LABORATORY	60.00	36,499	0	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	7,764	0	0	28.00	
29.00	PHYSICAL THERAPY	66.00	18,182	0	0	29.00	
30.00	OCCUPATIONAL THERAPY	67.00	6,648	0	0	30.00	
31.00	SPEECH PATHOLOGY	68.00	8,800	0	0	31.00	
32.00	WOUND CENTER	90.03	3,140	0	0	32.00	
33.00	EMERGENCY	91.00	52,837	0	0	33.00	
34.00	AMBULANCE SERVICES	95.00	11,226	0	0	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	2,973	0	0	35.00	
36.00	CLINIC	90.00	3,038	0	0	36.00	
0			524,015	0			
W - RECLASS DEPT 9902 EMP BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	464,120	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	195,879	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,027,321	0	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	284,724	0	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,828	0	5.00	
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	279,654	0	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,435	0	0	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	252,806	0	0	8.00	
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	43,087	0	0	9.00	
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	603	0	0	10.00	
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	21,091	0	0	11.00	
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,315	0	0	12.00	
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	20,684	0	0	13.00	
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	65,122	0	0	14.00	
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	46,461	0	0	15.00	
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,155	0	0	16.00	
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,704	0	0	17.00	
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	603	0	0	18.00	
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	829	0	0	19.00	
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	100,290	0	0	20.00	
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,328	0	0	21.00	
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,818	0	0	22.00	
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,242	0	0	23.00	
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,505	0	0	24.00	
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	37,476	0	0	25.00	
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,055	0	0	26.00	
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,299	0	0	27.00	
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,568	0	0	28.00	
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,505	0	0	29.00	
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,337	0	0	30.00	
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	905	0	0	31.00	
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,265	0	0	32.00	
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	44,462	0	0	33.00	
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,809	0	0	34.00	
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	21,007	0	0	35.00	
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,424	0	0	36.00	
37.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,660	0	0	37.00	
38.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,930	0	0	38.00	
39.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,488	0	0	39.00	
40.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,095	0	0	40.00	
41.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,271	0	0	41.00	
42.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	113	0	0	42.00	
43.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	389	0	0	43.00	
44.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,174	0	0	44.00	
45.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	238	0	0	45.00	
46.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	37,306	0	0	46.00	
47.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	45,194	0	0	47.00	
48.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,516	0	0	48.00	
49.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	40,427	0	0	49.00	
0			978,991	3,277,526			

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

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	
X - RECLASS OT SALARIES AND OTHER EXP						
1.00	PHYSICAL THERAPY	66.00	694,152	165,641	0	1.00
	O		694,152	165,641		
Y - RECL MILLRACE FOR WELLNESS/OP/PT						
1.00	WELLNESS COMMUNITY	194.00	0	7,844	0	1.00
2.00	WELLNESS COMMUNITY	194.00	0	1,641	0	2.00
3.00	WELLNESS COMMUNITY	194.00	0	3,998	0	3.00
4.00	WELLNESS COMMUNITY	194.00	0	837	0	4.00
	O		0	14,320		
Z - RECLASS LAB BLOOD SUPERVISOR						
1.00	LABORATORY	60.00	68,053	0	0	1.00
	O		68,053	0		
500.00	Grand Total: Decreases		5,407,970	38,841,516		500.00

RECLASSIFICATIONS

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Non-CMS Worksheet  
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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>B - RECLASS DEPREC BLDG/EQUIP</b>									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	953,811	INTEREST EXPENSE	113.00	0	953,811	1.00
2.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	489,235	INTEREST EXPENSE	113.00	0	489,235	2.00
			0	1,443,046			0	1,443,046	
<b>C - RECLASS INSURANCE</b>									
1.00	OCCUPATI ONAL THERAPY	67.00	0	1,260	ADMI NI STRATI VE & GENERAL	5.00	0	1,260	1.00
2.00	CAP REL COSTS-BLDG & FI XT	1.00	0	921,277	ADMI NI STRATI VE & GENERAL	5.00	0	921,277	2.00
3.00	AMBULANCE SERVI CES	95.00	0	35,407	ADMI NI STRATI VE & GENERAL	5.00	0	35,407	3.00
4.00	LABORATORY	60.00	0	3,149	ADMI NI STRATI VE & GENERAL	5.00	0	3,149	4.00
			0	961,093			0	961,093	
<b>D - RECLASS BILLING COST</b>									
1.00	ADMI NI STRATI VE & GENERAL	5.00	699,602	1,150,196	MEDI CAL RECORDS & LI BRARY	16.00	699,602	1,150,196	1.00
			699,602	1,150,196			699,602	1,150,196	
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>									
1.00	HYPERBARIC OXYGEN THERAPY	90.04	64,083	149,221	WOUND CENTER	90.03	64,083	149,221	1.00
			64,083	149,221			64,083	149,221	
<b>F - RECLASS CAFETERIA EXPENSE</b>									
1.00	CAFETERIA	11.00	1,282,273	701,553	DI ETARY	10.00	1,282,273	701,553	1.00
			1,282,273	701,553			1,282,273	701,553	
<b>G - RECLASS WELLNESS</b>									
1.00	WELLNESS COMMUNI TY	194.00	171,955	109,342	EMPLOYEE BENEFIT S DEPARTMENT	4.00	171,955	109,342	1.00
			171,955	109,342			171,955	109,342	
<b>H - RECLASS PHYSICIAN FEES</b>									
1.00	ADMI NI STRATI VE & GENERAL	5.00	0	508,000	OPERATI NG ROOM	50.00	0	508,000	1.00
2.00	ADULTS & PEDI ATRI CS	30.00	0	229,383	ADMI NI STRATI VE & GENERAL	5.00	0	229,383	2.00
3.00	INTENSI VE CARE UNI T	31.00	0	27,200	ADMI NI STRATI VE & GENERAL	5.00	0	27,200	3.00
4.00	SUBPROVI DER - I RF	41.00	0	80,000	ADMI NI STRATI VE & GENERAL	5.00	0	80,000	4.00
5.00	OPERATI NG ROOM	50.00	0	250,350	ADMI NI STRATI VE & GENERAL	5.00	0	250,350	5.00
6.00	ANESTHESI OLOGY	53.00	0	45,000	OPERATI NG ROOM	50.00	0	45,000	6.00
7.00	RADI OLOGY-THERAPEUTI C	55.00	0	67,500	ADMI NI STRATI VE & GENERAL	5.00	0	67,500	7.00
8.00	CARDI AC CATHETERI ZATI ON	59.00	0	84,145	ADMI NI STRATI VE & GENERAL	5.00	0	84,145	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
11.00	PHYSI CAL THERAPY	66.00	0	14,000	ADMI NI STRATI VE & GENERAL	5.00	0	14,000	11.00
12.00	ELECTROCARDI OLOGY	69.00	0	48,744	ADMI NI STRATI VE & GENERAL	5.00	0	48,744	12.00
13.00	ELECTROENCEPHALOGRAPH Y	70.00	0	9,600	ADMI NI STRATI VE & GENERAL	5.00	0	9,600	13.00
14.00	CARDI AC REHABI LI TATI ON	76.97	0	5,429	ADMI NI STRATI VE & GENERAL	5.00	0	5,429	14.00
15.00	EMERGENCY	91.00	0	1,633,416	ADMI NI STRATI VE & GENERAL	5.00	0	1,633,416	15.00
16.00	AMBULANCE SERVI CES	95.00	0	17,500	ADMI NI STRATI VE & GENERAL	5.00	0	17,500	16.00
17.00	WOUND CENTER	90.03	0	5,429	ADMI NI STRATI VE & GENERAL	5.00	0	5,429	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	596	ADMI NI STRATI VE & GENERAL	5.00	0	596	18.00
19.00	ADULTS & PEDI ATRI CS	30.00	0	581,306	ADMI NI STRATI VE & GENERAL	5.00	0	581,306	19.00
			0	3,832,598			0	3,832,598	
<b>I - RECLASS REHAB SERVI CES</b>									
1.00	OCCUPATI ONAL THERAPY	67.00	25,826	25,866	ADMI NI STRATI VE & GENERAL	5.00	25,826	25,866	1.00
2.00	PHYSI CAL THERAPY	66.00	55,156	49,900	ADMI NI STRATI VE & GENERAL	5.00	55,156	49,900	2.00
3.00	SPEECH PATHOLOGY	68.00	14,381	79,634	ADMI NI STRATI VE & GENERAL	5.00	14,381	79,634	3.00

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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	128,472	5,823	ADMINISTRATIVE & GENERAL	5.00	128,472	5,823	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	6,169	3,882	ADMINISTRATIVE & GENERAL	5.00	6,169	3,882	5.00
6.00	SOCIAL SERVICE	17.00	4,626	2,911	ADMINISTRATIVE & GENERAL	5.00	4,626	2,911	6.00
7.00	ADULTS & PEDIATRICS	30.00	41,638	26,202	ADMINISTRATIVE & GENERAL	5.00	41,638	26,202	7.00
8.00	NEUROPSYCH	90.02	6,169	3,882	ADMINISTRATIVE & GENERAL	5.00	6,169	3,882	8.00
9.00	WOUND CENTER	90.03	10,494	86,174	ADMINISTRATIVE & GENERAL	5.00	10,494	86,174	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	1,166	37,236	ADMINISTRATIVE & GENERAL	5.00	1,166	37,236	10.00
11.00	DIABETES CENTER	90.01	28,814	13,586	ADMINISTRATIVE & GENERAL	5.00	28,814	13,586	11.00
0			322,911	335,096	0		322,911	335,096	
J - RECLASS PHARMACY RES PROGRAM									
1.00	PHARMACY RESIDENCY PROG	23.02	183,230	4,531	PHARMACY	15.00	183,230	4,531	1.00
0			183,230	4,531	0		183,230	4,531	
L - RECLASS MARKETING EXPENSE									
1.00	NONALLOWABLE MARKETING	194.05	0	125,000	ADMINISTRATIVE & GENERAL	5.00	0	125,000	1.00
0			0	125,000	0		0	125,000	
M - RECLASS DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,052,688	CAP REL COSTS-BLDG & FIXT	1.00	0	9,052,688	1.00
0			0	9,052,688	0		0	9,052,688	
N - RECLASS MAINTENANCE EXPENSE									
1.00	RESPIRATORY THERAPY	65.00	0	16,600	OPERATION OF PLANT	7.00	0	16,600	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	3,801	OPERATION OF PLANT	7.00	0	3,801	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	289,619	OPERATION OF PLANT	7.00	0	289,619	3.00
5.00	OPERATING ROOM	50.00	0	283,135	OPERATION OF PLANT	7.00	0	283,135	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	258,415	OPERATION OF PLANT	7.00	0	258,415	6.00
7.00	LABORATORY	60.00	0	151,570	OPERATION OF PLANT	7.00	0	151,570	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	10,917	OPERATION OF PLANT	7.00	0	10,917	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	14,176	OPERATION OF PLANT	7.00	0	14,176	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	204,233	OPERATION OF PLANT	7.00	0	204,233	10.00
11.00	MAMMOGRAPHY	54.03	0	137,244	OPERATION OF PLANT	7.00	0	137,244	11.00
12.00	ULTRA SOUND	54.02	0	90,581	OPERATION OF PLANT	7.00	0	90,581	12.00
13.00	CT SCAN	57.00	0	192,566	OPERATION OF PLANT	7.00	0	192,566	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	191,077	OPERATION OF PLANT	7.00	0	191,077	14.00
15.00	MRI	58.00	0	140,927	OPERATION OF PLANT	7.00	0	140,927	15.00
16.00	PHARMACY	15.00	0	37,082	OPERATION OF PLANT	7.00	0	37,082	16.00
17.00	EMERGENCY	91.00	0	84,523	OPERATION OF PLANT	7.00	0	84,523	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	4,247	OPERATION OF PLANT	7.00	0	4,247	18.00
19.00	ADULTS & PEDIATRICS	30.00	0	93,454	OPERATION OF PLANT	7.00	0	93,454	19.00
20.00	INTENSIVE CARE UNIT	31.00	0	12,743	OPERATION OF PLANT	7.00	0	12,743	20.00
21.00	SUBPROVIDER - IRF	41.00	0	12,743	OPERATION OF PLANT	7.00	0	12,743	21.00
0			0	2,229,653	0		0	2,229,653	
P - RECLASS CRHP EXPENSES									
1.00	CRHP	194.08	51,538	0	ADMINISTRATIVE & GENERAL	5.00	51,538	0	1.00
TOTALS			51,538	0	TOTALS		51,538	0	
Q - RECLASS XRAY EDUCATION EXPENSES									
1.00	XRAY EDUCATION	23.01	50	0	RESPIRATORY THERAPY	65.00	50	0	1.00
2.00	XRAY EDUCATION	23.01	321,468	417	RADIOLOGY-DIAGNOSTIC	54.00	321,468	417	2.00
3.00	XRAY EDUCATION	23.01	0	2,808	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,808	3.00
0			321,518	3,225	0		321,518	3,225	
R - RECLASS ADMIN HEALTHY COMMUNITIES									
1.00	ADMINISTRATIVE & GENERAL	5.00	45,649	0	HEALTHY COMMUNITIES	194.07	45,649	0	1.00
0			45,649	0	0		45,649	0	
S - RECLASS NON ALLOW ADVERTISING COSTS									
1.00	NONALLOWABLE MARKETING	194.05	0	1,480,965	ADMINISTRATIVE & GENERAL	5.00	0	1,480,965	1.00
0			0	1,480,965	0		0	1,480,965	

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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		
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP									
1.00	0.00	0	0		0.00	0	0	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	205,931	ADULTS & PEDIATRICS	30.00	0	205,931	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	74,426	INTENSIVE CARE UNIT	31.00	0	74,426	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	35,385	SUBPROVIDER - I RF	41.00	0	35,385	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	40,125	RESPIRATORY THERAPY	65.00	0	40,125	5.00
	0		0	355,867	0		0	355,867	
U - RECLASS CHARGEABLE SUPPLY COST									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	210,301	ADULTS & PEDIATRICS	30.00	0	210,301	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	89,182	INTENSIVE CARE UNIT	31.00	0	89,182	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,626	SUBPROVIDER - I RF	41.00	0	4,626	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,471	NURSERY	43.00	0	2,471	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,941,860	OPERATING ROOM	50.00	0	2,941,860	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,862,119	OPERATING ROOM	50.00	0	5,862,119	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,221	RECOVERY ROOM	51.00	0	2,221	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	58,486	RADIOLOGY-DIAGNOSTIC	54.00	0	58,486	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	458,247	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	458,247	9.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,018	MAMMOGRAPHY	54.03	0	5,018	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,238	RADIOLOGY-THERAPEUTIC	55.00	0	4,238	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	188,057	CT SCAN	57.00	0	188,057	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,535	MRI	58.00	0	61,535	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,265,688	CARDIAC CATHETERIZATION	59.00	0	1,265,688	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,720,615	CARDIAC CATHETERIZATION	59.00	0	1,720,615	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	38,649	RESPIRATORY THERAPY	65.00	0	38,649	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,065	PHYSICAL THERAPY	66.00	0	11,065	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	264,590	SPEECH PATHOLOGY	68.00	0	264,590	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	164,443	ELECTROCARDIOLOGY	69.00	0	164,443	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	41,164	WOUND CENTER	90.03	0	41,164	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,486	EMERGENCY	91.00	0	34,486	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,894	AMBULANCE SERVICES	95.00	0	20,894	23.00
	0		0	13,449,955	0		0	13,449,955	
V - RECL PTO COST FOR STD ELIMINATION PD									
1.00		0.00	0	0		0.00	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,947	RADIOLOGY-THERAPEUTIC	55.00	2,947	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,279	MAMMOGRAPHY	54.03	3,279	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,161	SOCIAL SERVICE	17.00	7,161	0	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	137	CENTRAL SERVICES & SUPPLY	14.00	137	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,488	ADMINISTRATIVE & GENERAL	5.00	35,488	0	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,672	OPERATION OF PLANT	7.00	2,672	0	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	468	LAUNDRY & LINEN SERVICE	8.00	468	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,525	HOUSEKEEPING	9.00	7,525	0	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,418	DIETARY	10.00	4,418	0	10.00

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		
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,810	CAFETERIA	11.00	9,810	0	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,274	NURSING ADMINISTRATION	13.00	40,274	0	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,263	PHARMACY	15.00	24,263	0	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,941	MEDICAL RECORDS & LIBRARY	16.00	11,941	0	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	130,895	ADULTS & PEDIATRICS	30.00	130,895	0	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,453	INTENSIVE CARE UNIT	31.00	19,453	0	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,934	SUBPROVIDER - IIRF	41.00	8,934	0	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,786	NURSERY	43.00	9,786	0	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,323	OPERATING ROOM	50.00	2,323	0	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,319	ULTRA SOUND	54.02	10,319	0	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,321	RADIOLOGY-DIAGNOSTIC	54.00	8,321	0	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,485	LABORATORY-PATHOLOGICAL	60.01	11,485	0	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,199	NEUROPSYCH	90.02	5,199	0	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	273	CT SCAN	57.00	273	0	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,510	MRI	58.00	5,510	0	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,027	CARDIAC CATHETERIZATION	59.00	10,027	0	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,499	LABORATORY	60.00	36,499	0	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,764	RESPIRATORY THERAPY	65.00	7,764	0	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,182	PHYSICAL THERAPY	66.00	18,182	0	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,648	OCCUPATIONAL THERAPY	67.00	6,648	0	30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,800	SPEECH PATHOLOGY	68.00	8,800	0	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,140	WOUND CENTER	90.03	3,140	0	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	52,837	EMERGENCY	91.00	52,837	0	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,226	AMBULANCE SERVICES	95.00	11,226	0	34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,973	ELECTROENCEPHALOGRAPHY	70.00	2,973	0	35.00
36.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,038	CLINIC	90.00	3,038	0	36.00
0			0	524,015	0		524,015	0	
W - RECLASS DEPT 9902 EMP BENEFITS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	464,120	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	464,120	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	195,879	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	195,879	2.00
3.00	OPERATING ROOM	50.00	0	2,027,321	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,027,321	3.00
4.00	RECOVERY ROOM	51.00	0	284,724	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	284,724	4.00
5.00	ANESTHESIOLOGY	53.00	0	25,828	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,828	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	279,654	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	279,654	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,435	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,435	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	252,806	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	252,806	0	8.00
9.00	OPERATION OF PLANT	7.00	43,087	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	43,087	0	9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	603	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	603	0	10.00
11.00	HOUSEKEEPING	9.00	21,091	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	21,091	0	11.00

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		
12.00	DIETARY	10.00	9,315		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,315	0	12.00
13.00	CAFETERIA	11.00	20,684		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	20,684	0	13.00
14.00	NURSING ADMINISTRATION	13.00	65,122		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	65,122	0	14.00
15.00	PHARMACY	15.00	46,461		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	46,461	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	32,155		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,155	0	16.00
17.00	SOCIAL SERVICE	17.00	10,704		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,704	0	17.00
18.00	XRAY EDUCATION	23.01	603		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	603	0	18.00
19.00	PHARMACY RESIDENCY PROG	23.02	829		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	829	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	100,290		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	100,290	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	10,328		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,328	0	21.00
22.00	SUBPROVIDER - IRF	41.00	15,818		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,818	0	22.00
23.00	NURSERY	43.00	3,242		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,242	0	23.00
24.00	OPERATING ROOM	50.00	3,505		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,505	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	37,476		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	37,476	0	25.00
26.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	1,055		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,055	0	26.00
27.00	ULTRASOUND	54.02	2,299		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,299	0	27.00
28.00	MAMMOGRAPHY	54.03	11,568		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,568	0	28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	3,505		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,505	0	29.00
30.00	CT SCAN	57.00	2,337		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,337	0	30.00
31.00	MRI	58.00	905		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	905	0	31.00
32.00	CARDIAC CATHETERIZATION	59.00	15,265		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,265	0	32.00
33.00	LABORATORY	60.00	44,462		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	44,462	0	33.00
34.00	LABORATORY-PATHOLOGICAL	60.01	1,809		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,809	0	34.00
35.00	RESPIRATORY THERAPY	65.00	21,007		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	21,007	0	35.00
36.00	PHYSICAL THERAPY	66.00	24,424		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,424	0	36.00
37.00	OCCUPATIONAL THERAPY	67.00	12,660		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,660	0	37.00
38.00	SPEECH PATHOLOGY	68.00	10,930		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,930	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	2,488		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,488	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	9,095		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,095	0	40.00
41.00	CLINIC	90.00	5,271		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,271	0	41.00
42.00	DIABETES CENTER	90.01	113		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	113	0	42.00
43.00	NEUROPSYCH	90.02	389		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	389	0	43.00
44.00	WOUND CENTER	90.03	2,174		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,174	0	44.00
45.00	HYPERBARIC OXYGEN THERAPY	90.04	238		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	238	0	45.00
46.00	EMERGENCY	91.00	37,306		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	37,306	0	46.00
47.00	AMBULANCE SERVICES	95.00	45,194		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	45,194	0	47.00
48.00	WELLNESS COMMUNITY	194.00	2,516		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,516	0	48.00
49.00	HEALTHY COMMUNITIES	194.07	40,427		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	40,427	0	49.00



RECLASSIFICATIONS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/23/2017 8:05 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	0		978,991	3,277,526	0		978,991	3,277,526	
	X - RECLASS OT SALARIES AND OTHER EXP								
1.00	OCCUPATIONAL THERAPY	67.00	694,152	165,641	PHYSICAL THERAPY	66.00	694,152	165,641	1.00
	0		694,152	165,641	0		694,152	165,641	
	Y - RECLASS RACE FOR WELLNESS/OP/PT								
1.00	PHYSICAL THERAPY	66.00	0	7,844	WELLNESS COMMUNITY	194.00	0	7,844	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	1,641	WELLNESS COMMUNITY	194.00	0	1,641	2.00
3.00	PHYSICAL THERAPY	66.00	0	3,998	WELLNESS COMMUNITY	194.00	0	3,998	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	837	WELLNESS COMMUNITY	194.00	0	837	4.00
	0		0	14,320	0		0	14,320	
	Z - RECLASS LAB BLOOD SUPERVISOR								
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	68,053	0	LABORATORY	60.00	68,053	0	1.00
	0		68,053	0	0		68,053	0	
500.00	Grand Total : Increases		4,883,955	39,365,531	Grand Total : Decreases		5,407,970	38,841,516	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,806,052	567,014	0	567,014	0	1.00
2.00	Land Improvements	20,531,039	977,924	0	977,924	0	2.00
3.00	Buildings and Fixtures	103,012,676	-4,776,937	0	-4,776,937	90,595	3.00
4.00	Building Improvements	98,501,867	9,694,216	0	9,694,216	0	4.00
5.00	Fixed Equipment	8,157,000	1,090,882	0	1,090,882	6,047	5.00
6.00	Movable Equipment	130,149,410	10,890,625	0	10,890,625	3,270,990	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	362,158,044	18,443,724	0	18,443,724	3,367,632	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	362,158,044	18,443,724	0	18,443,724	3,367,632	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,373,066	0				1.00
2.00	Land Improvements	21,508,963	0				2.00
3.00	Buildings and Fixtures	98,145,144	0				3.00
4.00	Building Improvements	108,196,083	0				4.00
5.00	Fixed Equipment	9,241,835	0				5.00
6.00	Movable Equipment	137,769,045	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	377,234,136	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	377,234,136	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	17,872,057	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)	17,872,057	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	17,872,057				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	17,872,057				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	239,465,089	0	239,465,089	0.634792	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	137,769,046	0	137,769,046	0.365208	0	2.00
3.00	Total (sum of lines 1-2)	377,234,135	0	377,234,135	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	8,875,840	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,007,616	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,883,456	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 col.s. 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	831,914	921,277	0	0	10,629,031	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	190,122	0	0	0	9,197,738	2.00
3.00	Total (sum of lines 1-2)	1,022,036	921,277	0	0	19,826,769	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-8

Date/Time Prepared:  
5/23/2017 8:05 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-121,897	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-20,340	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	-96,388	ADMINISTRATIVE & GENERAL		5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-55,260	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	-100,694	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-10,309	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-175	OPERATION OF PLANT		7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,559,773				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	-751,959				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-774,844	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	-19,246	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines	B	-170	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	-3,900	ADMINISTRATIVE & GENERAL		5.00	0	33.00
34.00	DEPR PAT PHONES NEW EQUIP	A	-21,595	CAP REL COSTS-MVBLE EQUIP		2.00	9	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet A-8

Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
35.00 TV DEPR NEW EQUIP	A	-37,968	CAP REL COSTS-MVBLE EQUIP	2.00		9 35.00
36.00 CAFETERIA VISITORS	A	-358,648	CAFETERIA	11.00		0 36.00
37.00 OPERATING REVENUE OTHER REVENUE	B	-29,188	OPERATING ROOM	50.00		0 37.00
37.01 VIMCARE CLINIC OTHER REVENUE	B	-32,132	VIMCARE CLINIC	90.05		0 37.01
38.00 NURSING ADMIN OTHER REVENUE	B	-856	NURSING ADMIN STRATION	13.00		0 38.00
39.00 INPATIENT PT	B	-142	PHYSICAL THERAPY	66.00		0 39.00
40.00 EAP REVENUE	B	-23,458	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 RENT FOXPOINTE LAND SWAP	B	-37,214	ADMINISTRATIVE & GENERAL	5.00		0 43.00
44.00 LABORATORY OTHER REVENUE	B	-19,958	LABORATORY	60.00		0 44.00
44.01 EMPLOY BENEFITS OTHER REVENUE	B	-54,033	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 44.01
45.00 XRAY EDUCATION	B	-20,495	XRAY EDUCATION	23.01		0 45.00
45.01 MEDICAL STAFF INCOME	B	-58,440	ADMINISTRATIVE & GENERAL	5.00		0 45.01
45.02 RADIOLOGY OTHER REVENUE	B	-16,511	RADIOLOGY-DIAGNOSTIC	54.00		0 45.02
45.03 BREAST FILM COPIES	B	-573	MAMMOGRAPHY	54.03		0 45.03
45.04 MEDICAL RECORDS OTHER REVENUE	B	-4,930	MEDICAL RECORDS & LIBRARY	16.00		0 45.04
45.05 FACILITIES OTHER REVENUE	B	-32	OPERATION OF PLANT	7.00		0 45.05
45.06 SICK BAY	B	-206	ADULTS & PEDIATRICS	30.00		0 45.06
45.07 RADIATION ONCOLOGY OTHER REVENUE	B	-225	RADIOLOGY-THERAPEUTIC	55.00		0 45.07
45.08 ADMIN OTHER REVENUE	B	-111,769	ADMINISTRATIVE & GENERAL	5.00		0 45.08
45.09 MRES GRANT OTHER	B	-3,000	ADMINISTRATIVE & GENERAL	5.00		0 45.09
45.10 INFO SERV OTHER REVENUE	B	-17,760	ADMINISTRATIVE & GENERAL	5.00		0 45.10
45.11 FOOD OTHER REVENUE	B	-9,614	DIETARY	10.00		0 45.11
45.12 SPEECH THERAPY OTHER REVENUE	B	-751	SPEECH PATHOLOGY	68.00		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	-55,390	PHARMACY	15.00		0 45.14
45.15 HUMAN RESOURCES OTHER REVENUE	B	-921	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.15
45.16 LACTATION AND PREPARE OTHER REVENUE	B	-6,615	ADULTS & PEDIATRICS	30.00		0 45.16
45.17 VOLUNTEER OTHER REVENUE	B	-82,028	ADMINISTRATIVE & GENERAL	5.00		0 45.17
45.18 RENTAL PROPERTIES DEPRECIATION	A	-79,821	CAP REL COSTS-BLDG & FIXT	1.00		9 45.18
45.19 BUSINESS PLANNING MARKETING OTH REV	B	-63,142	ADMINISTRATIVE & GENERAL	5.00		0 45.19
45.20 PENSION EXPENSE	A	-551,545	EMPLOYEE BENEFITS DEPARTMENT	4.00		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	-153,292	ADMINISTRATIVE & GENERAL	5.00		0 45.22
45.23 DEPRECIATION RELI FED	A	36,271	CAP REL COSTS-BLDG & FIXT	1.00		9 45.23
45.24 DEPRECIATION RELI FED	A	14,491	CAP REL COSTS-MVBLE EQUIP	2.00		9 45.24
45.25 DIABETES CLINIC	B	-262	DIABETES CENTER	90.01		0 45.25
45.27 PRIOR YEAR AUDIT ADJUSTMENT	A	6,711	CAP REL COSTS-BLDG & FIXT	1.00		9 45.27
45.28 NONALLOWABLE INT EXP 1993 BONDS	A	-78,677	CAP REL COSTS-MVBLE EQUIP	2.00		11 45.28
45.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-200,096	CAP REL COSTS-MVBLE EQUIP	2.00		11 45.29
45.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-12,353	ADMINISTRATIVE & GENERAL	5.00		0 45.30
45.31 AMBULANCE SERVICES	B	-428,815	AMBULANCE SERVICES	95.00		0 45.31
45.32 COPY CENTER OTHER REVENUE	B	-30	ADMINISTRATIVE & GENERAL	5.00		0 45.32
45.33 WELLCONNECT OTHER REVENUE	B	-4,020	ADMINISTRATIVE & GENERAL	5.00		0 45.33
45.34 HAF ADJUSTMENT	A	-8,158,898	ADMINISTRATIVE & GENERAL	5.00		0 45.34
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,109,975				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 01/01/2016 To 12/31/2016  
 Worksheet A-8-1  
 Date/Time Prepared: 5/23/2017 8:05 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	3,947,085	4,699,044 1.00
2.00	0.00			0	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,947,085	4,699,044 5.00

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the 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	M HUNT	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 01/01/2016  
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:  
5/23/2017 8:05 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-751,959	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-751,959			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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 01/01/2016  
To 12/31/2016

Worksheet A-8-2

Date/Time Prepared:  
5/23/2017 8:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,691,246	6,488,471	202,775	211,500	944	1.00
2.00	30.00	ADULTS & PEDIATRICS	810,689	581,306	229,383	211,500	2,344	2.00
3.00	31.00	INTENSIVE CARE UNIT	27,200	0	27,200	211,500	276	3.00
4.00	41.00	SUBPROVIDER - IRF	80,000	0	80,000	211,500	2,133	4.00
5.00	50.00	OPERATING ROOM	445,350	0	445,350	246,400	3,041	5.00
6.00	53.00	ANESTHESIOLOGY	45,000	0	45,000	246,400	312	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	55,300	0	55,300	271,900	198	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	67,500	0	67,500	271,900	729	8.00
9.00	59.00	CARDIAC CATHETERIZATION	84,145	0	84,145	211,500	421	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,200	1,723	10.00
11.00	66.00	PHYSICAL THERAPY	14,000	0	14,000	211,500	324	11.00
12.00	69.00	ELECTROCARDIOLOGY	48,744	0	48,744	211,500	257	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	9,600	0	9,600	211,500	101	13.00
14.00	76.97	CARDIAC REHABILITATION	5,429	0	5,429	211,500	27	14.00
15.00	90.02	NEUROPSYCH	182,406	182,406	0	0	0	15.00
16.00	90.03	WOUND CENTER	5,429	0	5,429	211,500	55	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	596	0	596	211,500	6	17.00
18.00	91.00	EMERGENCY	1,633,416	0	1,633,416	211,500	17,328	18.00
19.00	95.00	AMBULANCE SERVICES	17,500	0	17,500	211,500	151	19.00
200.00			10,448,550	7,252,183	3,196,367		30,370	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	95,988	4,799	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	238,344	11,917	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	28,064	1,403	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	216,889	10,844	0	0	0	4.00
5.00	50.00	OPERATING ROOM	360,241	18,012	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	36,960	1,848	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	25,883	1,294	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	95,296	4,765	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	42,808	2,140	0	0	0	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	215,541	10,777	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	32,945	1,647	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	26,133	1,307	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	10,270	514	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	2,745	137	0	0	0	14.00
15.00	90.02	NEUROPSYCH	0	0	0	0	0	15.00
16.00	90.03	WOUND CENTER	5,592	280	0	0	0	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	610	31	0	0	0	17.00
18.00	91.00	EMERGENCY	1,761,958	88,098	0	0	0	18.00
19.00	95.00	AMBULANCE SERVICES	15,354	768	0	0	0	19.00
200.00			3,211,621	160,581	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	95,988	106,787	6,595,258	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	238,344	0	581,306	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	28,064	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	216,889	0	0	4.00
5.00	50.00	OPERATING ROOM	0	360,241	85,109	85,109	5.00
6.00	53.00	ANESTHESIOLOGY	0	36,960	8,040	8,040	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	25,883	29,417	29,417	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	95,296	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	42,808	41,337	41,337	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	0	215,541	9,459	9,459	10.00
11.00	66.00	PHYSICAL THERAPY	0	32,945	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	26,133	22,611	22,611	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	10,270	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	2,745	2,684	2,684	14.00
15.00	90.02	NEUROPSYCH	0	0	0	182,406	15.00
16.00	90.03	WOUND CENTER	0	5,592	0	0	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	0	610	0	0	17.00
18.00	91.00	EMERGENCY	0	1,761,958	0	0	18.00
19.00	95.00	AMBULANCE SERVICES	0	15,354	2,146	2,146	19.00
200.00			0	3,211,621	307,590	7,559,773	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	10,629,031	10,629,031				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,197,738		9,197,738			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	27,357,769	189,719	8,505	27,555,993		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	29,491,545	1,044,515	4,129,205	4,335,038	39,000,303	5.00
7.00 00700 OPERATION OF PLANT	6,195,893	5,311,425	412,712	830,854	12,750,884	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	661,390	10,532	0	19,670	691,592	8.00
9.00 00900 HOUSEKEEPING	2,178,577	73,679	12,970	610,936	2,876,162	9.00
10.00 01000 DIETARY	888,645	114,323	16,544	214,549	1,234,061	10.00
11.00 01100 CAFETERIA	861,208	89,157	36,739	476,432	1,463,536	11.00
13.00 01300 NURSING ADMINISTRATION	3,571,877	143,387	66,318	1,261,566	5,043,148	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,134,317	110,715	99,355	108	1,344,495	14.00
15.00 01500 PHARMACY	5,344,562	68,879	385,842	1,235,069	7,034,352	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,436,303	58,143	39,314	298,300	1,832,060	16.00
17.00 01700 SOCIAL SERVICE	521,915	4,393	79	190,676	717,063	17.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	463,409	9,572	10	175,302	648,293	23.01
23.02 02302 PHARMACY RESIDENCY PROG	361,945	5,470	0	130,001	497,416	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	15,593,649	1,111,473	383,375	5,211,409	22,299,906	30.00
31.00 03100 INTENSIVE CARE UNIT	2,901,658	159,418	148,576	690,455	3,900,107	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	1,670,053	161,251	16,381	555,728	2,403,413	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	732,017	8,481	16,912	264,356	1,021,766	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	18,673,528	568,414	1,116,195	196,291	20,554,428	50.00
51.00 05100 RECOVERY ROOM	1,349,572	46,331	32,758	515	1,429,176	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	242,244	1,731	10,960	0	254,935	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,076,647	122,120	158,024	552,326	2,909,117	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	1,141,052	49,226	7,722	117,628	1,315,628	54.01
54.02 05404 ULTRA SOUND	668,550	21,878	36,606	172,191	899,225	54.02
54.03 05405 MAMMOGRAPHY	1,116,090	3,971	14,300	269,071	1,403,432	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	1,991,352	113,174	663,546	561,209	3,329,281	55.00
57.00 05700 CT SCAN	932,983	21,398	234,045	223,410	1,411,836	57.00
58.00 05800 MRI	430,989	13,092	13,796	104,159	562,036	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,150,053	154,137	100,103	585,368	2,989,661	59.00
60.00 06000 LABORATORY	7,137,253	156,508	156,893	1,329,846	8,780,500	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	728,878	17,631	16,974	121,212	884,695	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	610,304	7,622	4,158	25,073	647,157	62.00
65.00 06500 RESPIRATORY THERAPY	1,805,653	95,994	127,648	576,014	2,605,309	65.00
66.00 06600 PHYSICAL THERAPY	3,994,915	3,302	25,229	1,284,043	5,307,489	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,427,901	3,215	5,310	450,869	1,887,295	67.00
68.00 06800 SPEECH PATHOLOGY	858,960	0	20,605	273,652	1,153,217	68.00
69.00 06900 ELECTROCARDIOLOGY	591,768	20,336	28,823	196,501	837,428	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	888,230	0	13,901	241,979	1,144,110	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,958,498	0	0	0	5,958,498	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,582,734	0	0	0	7,582,734	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	17,026,798	0	0	0	17,026,798	73.00
74.00 07400 RENAL DIALYSIS	549,970	0	63	0	550,033	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	303,095	22,998	12,804	61,549	400,446	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	1,139,414	98,540	42,052	295,227	1,575,233	90.00
90.01 09001 DIABETES CENTER	223,106	11,274	893	40,542	275,815	90.01
90.02 09002 NEUROPSYCH	101,608	1,949	36	30,997	134,590	90.02
90.03 09003 WOUND CENTER	1,298,017	0	2,018	161,790	1,461,825	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	252,540	0	222	24,127	276,889	90.04
90.05 09005 VIMCARE CLINIC	167,980	19,682	2,589	63,297	253,548	90.05
91.00 09100 EMERGENCY	8,087,630	213,779	273,974	1,932,114	10,507,497	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 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	2,693,561	107,079	288,500	1,019,626	4,108,766 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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 1-117)	215,395,374	10,569,913	9,183,584	27,411,075	215,177,184 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,575	361	0	10,936 190.00
194.00 07950	WELLNESS COMMUNITY	269,493	0	13,068	64,280	346,841 194.00
194.01 07951	BUILDING RENTALS	78,408	19,304	0	0	97,712 194.01
194.02 07952	HOSPICE	70,946	0	0	0	70,946 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	264,590	0	0	0	264,590 194.04
194.05 07955	NONALLOWABLE MARKETING	1,605,965	0	0	0	1,605,965 194.05
194.06 07956	CRH FOUNDATION	1,376	11,856	725	343	14,300 194.06
194.07 07957	HEALTHY COMMUNITIES	174,469	17,383	0	61,307	253,159 194.07
194.08 07958	CRHP	51,538	0	0	18,988	70,526 194.08
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	217,912,159	10,629,031	9,197,738	27,555,993	217,912,159 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 8:05 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
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	39,000,303				5.00
7.00	00700	OPERATION OF PLANT	2,779,514	15,530,398			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	150,757	40,056	882,405		8.00
9.00	00900	HOUSEKEEPING	626,963	280,226	0	3,783,351	9.00
10.00	01000	DIETARY	269,008	434,807	0	31,017	1,968,893
11.00	01100	CAFETERIA	319,030	339,093	0	67,942	0
13.00	01300	NURSING ADMINISTRATION	1,099,336	545,348	0	10,339	0
14.00	01400	CENTRAL SERVICES & SUPPLY	293,081	421,086	0	34,710	0
15.00	01500	PHARMACY	1,533,390	261,969	0	45,049	0
16.00	01600	MEDICAL RECORDS & LIBRARY	399,363	221,138	0	0	0
17.00	01700	SOCIAL SERVICE	156,310	16,708	0	1,477	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	141,319	36,405	0	8,124	0
23.02	02302	PHARMACY RESIDENCY PROG	108,430	20,803	0	3,693	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,861,092	4,227,294	334,824	1,329,304	1,544,795
31.00	03100	INTENSIVE CARE UNIT	850,169	606,318	41,744	111,514	148,453
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	523,910	613,289	49,258	160,255	226,697
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	222,731	32,255	13,677	1,477	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,480,578	2,161,864	182,448	604,834	4,434
51.00	05100	RECOVERY ROOM	311,540	176,213	27,319	106,344	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	55,572	6,584	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	634,147	464,462	82,874	102,652	933
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	286,788	187,223	0	62,773	0
54.02	05404	ULTRA SOUND	196,018	83,210	0	20,678	0
54.03	05405	MAMMOGRAPHY	305,929	15,104	6,884	38,402	0
55.00	05500	RADIOLOGY-THERAPEUTIC	725,737	430,436	5,867	67,942	4,497
57.00	05700	CT SCAN	307,760	81,385	0	11,816	0
58.00	05800	MRI	122,516	49,793	0	8,124	0
59.00	05900	CARDIAC CATHETERIZATION	651,704	586,234	4,227	91,574	4,012
60.00	06000	LABORATORY	1,914,026	595,253	0	87,143	0
60.01	06001	LABORATORY-PATHOLOGICAL	192,851	67,055	0	5,908	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	141,071	28,991	0	2,954	0
65.00	06500	RESPIRATORY THERAPY	567,921	365,096	0	96,744	0
66.00	06600	PHYSICAL THERAPY	1,156,958	12,559	18,674	0	0
67.00	06700	OCCUPATIONAL THERAPY	411,404	12,227	9,195	0	0
68.00	06800	SPEECH PATHOLOGY	251,385	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	182,548	77,346	0	18,463	0
70.00	07000	ELECTROENCEPHALOGRAPHY	249,400	0	1,129	153,609	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,298,869	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,652,930	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,711,604	0	0	0	0
74.00	07400	RENAL DIALYSIS	119,899	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	87,292	87,470	0	4,431	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	343,379	374,778	32,910	64,250	25,183
90.01	09001	DIABETES CENTER	60,124	42,878	0	2,954	0
90.02	09002	NEUROPSYCH	29,339	7,414	0	0	0
90.03	09003	WOUND CENTER	318,657	0	4,436	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	60,358	0	486	0	0
90.05	09005	WMCARE CLINIC	55,270	74,856	0	0	0
91.00	09100	EMERGENCY	2,290,487	813,071	66,453	401,007	9,889
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	895,653	407,255	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		38,404,117	15,305,552	882,405	3,757,503	1,968,893	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	2,384	40,222	0	0	0	190.00
194.00	07950	75,606	0	0	0	0	194.00
194.01	07951	21,300	73,418	0	0	0	194.01
194.02	07952	15,465	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	57,677	0	0	0	0	194.04
194.05	07955	350,078	0	0	0	0	194.05
194.06	07956	3,117	45,091	0	22,155	0	194.06
194.07	07957	55,185	66,115	0	3,693	0	194.07
194.08	07958	15,374	0	0	0	0	194.08
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		39,000,303	15,530,398	882,405	3,783,351	1,968,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 8:05 pm
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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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	2,189,601					11.00
13.00	01300	77,907	6,776,078				13.00
14.00	01400	26,652	108,887	2,228,911			14.00
15.00	01500	75,857	0	0	8,950,617		15.00
16.00	01600	61,506	0	0	0	2,514,067	16.00
17.00	01700	14,351	63,274	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	14,351	0	0	0	0	23.01
23.02	02302	8,201	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	520,746	2,159,438	105,361	8,368	541,244	30.00
31.00	03100	57,405	237,797	3,808	1,447	42,560	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	49,205	204,885	0	214	83,600	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	20,502	85,582	3,264	2	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	233,721	972,227	1,989,537	31,590	753,916	50.00
51.00	05100	26,652	114,218	0	49	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,050	9,353	0	36,478	0	53.00
54.00	05400	45,104	0	1,269	1,930	0	54.00
54.01	05402	8,201	0	0	81,254	0	54.01
54.02	05404	10,251	0	0	356	0	54.02
54.03	05405	24,602	0	1,451	228	0	54.03
55.00	05500	30,753	127,062	0	51	52,820	55.00
57.00	05700	18,452	0	0	7,515	0	57.00
58.00	05800	8,201	0	0	315	0	58.00
59.00	05900	41,004	169,839	17,228	2,376	13,173	59.00
60.00	06000	157,864	0	0	220	0	60.00
60.01	06001	10,251	0	0	0	246,492	60.01
62.00	06200	2,050	0	0	0	0	62.00
65.00	06500	53,305	224,471	1,632	3,268	4,433	65.00
66.00	06600	100,459	408,622	46,606	1,612	21,533	66.00
67.00	06700	32,803	137,932	0	149	4,560	67.00
68.00	06800	18,452	78,416	0	0	0	68.00
69.00	06900	16,402	66,814	0	1,851	270,179	69.00
70.00	07000	18,452	74,908	0	7	185,439	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	8,727,705	0	73.00
74.00	07400	0	0	0	3,528	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	6,151	22,893	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	28,703	122,390	181	348	292,598	90.00
90.01	09001	2,050	12,579	0	0	0	90.01
90.02	09002	4,100	16,176	0	0	1,520	90.02
90.03	09003	16,402	63,977	49,144	19,104	0	90.03
90.04	09004	2,050	10,715	0	0	0	90.04
90.05	09005	6,151	28,264	0	1,003	0	90.05
91.00	09100	180,417	637,225	9,430	11,691	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	139,413	579,793	0	7,446	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,171,149	6,737,737	2,228,911	8,950,105	2,514,067
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	10,251	38,341	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	512	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	6,151	0	0	0	194.07
194.08	07958	CRHP	2,050	0	0	0	194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,189,601	6,776,078	2,228,911	8,950,617	2,514,067

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	969,183					17.00
23.00	02300		0				23.00
23.01	02301			848,492			23.01
23.02	02302				638,543		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	246,171	0	0	0	38,178,543	30.00
31.00	03100	61,059	0	0	0	6,062,381	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	146,347	0	0	0	4,461,073	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	1,401,256	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	31,969,577	50.00
51.00	05100	0	0	0	0	2,191,511	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	364,972	53.00
54.00	05400	0	0	848,492	0	5,090,980	54.00
54.01	05402	0	0	0	0	1,941,867	54.01
54.02	05404	0	0	0	0	1,209,738	54.02
54.03	05405	0	0	0	0	1,796,032	54.03
55.00	05500	33,921	0	0	0	4,808,367	55.00
57.00	05700	0	0	0	0	1,838,764	57.00
58.00	05800	0	0	0	0	750,985	58.00
59.00	05900	0	0	0	0	4,571,032	59.00
60.00	06000	0	0	0	0	11,535,006	60.00
60.01	06001	0	0	0	0	1,407,252	60.01
62.00	06200	0	0	0	0	822,223	62.00
65.00	06500	0	0	0	0	3,922,179	65.00
66.00	06600	0	0	0	0	7,074,512	66.00
67.00	06700	0	0	0	0	2,495,565	67.00
68.00	06800	0	0	0	0	1,501,470	68.00
69.00	06900	0	0	0	0	1,471,031	69.00
70.00	07000	0	0	0	0	1,827,054	70.00
71.00	07100	0	0	0	0	7,257,367	71.00
72.00	07200	0	0	0	0	9,235,664	72.00
73.00	07300	0	0	0	638,543	30,104,650	73.00
74.00	07400	0	0	0	0	673,460	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	61,059	0	0	0	669,742	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	193,837	0	0	0	3,053,790	90.00
90.01	09001	0	0	0	0	396,400	90.01
90.02	09002	0	0	0	0	193,139	90.02
90.03	09003	0	0	0	0	1,933,545	90.03
90.04	09004	0	0	0	0	350,498	90.04
90.05	09005	0	0	0	0	419,092	90.05
91.00	09100	226,789	0	0	0	15,153,956	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	6,138,326	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		SOCI AL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
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 1-117)	969,183	0	848,492	638,543	214,272,999
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	53,542	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	471,039	194.00
194.01	07951	BUILDING RENTALS	0	0	0	192,430	194.01
194.02	07952	HOSPICE	0	0	0	86,923	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	322,267	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,956,043	194.05
194.06	07956	CRH FOUNDATION	0	0	0	84,663	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	384,303	194.07
194.08	07958	CRHP	0	0	0	87,950	194.08
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 118-201)	969,183	0	848,492	638,543	217,912,159

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		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 1-117)	0	214,272,999	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,542	190.00
194.00	07950	WELLNESS COMMUNITY	0	471,039	194.00
194.01	07951	BUILDING RENTALS	0	192,430	194.01
194.02	07952	HOSPICE	0	86,923	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	322,267	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,956,043	194.05
194.06	07956	CRH FOUNDATION	0	84,663	194.06
194.07	07957	HEALTHY COMMUNITIES	0	384,303	194.07
194.08	07958	CRHP	0	87,950	194.08
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	217,912,159	202.00

COST ALLOCATION STATISTICS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet Non-CMS W  
Date/Time Prepared:  
5/23/2017 8:05 pm

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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	17,764	189,719	8,505	215,988	215,988 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	737,180	1,044,515	4,129,205	5,910,900	33,981 5.00
7.00 00700	OPERATION OF PLANT	50,982	5,311,425	412,712	5,775,119	6,513 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,532	0	10,532	154 8.00
9.00 00900	HOUSEKEEPING	4,742	73,679	12,970	91,391	4,789 9.00
10.00 01000	DIETARY	2,921	114,323	16,544	133,788	1,682 10.00
11.00 01100	CAFETERIA	6,485	89,157	36,739	132,381	3,735 11.00
13.00 01300	NURSING ADMINISTRATION	14,108	143,387	66,318	223,813	9,889 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,794	110,715	99,355	212,864	1 14.00
15.00 01500	PHARMACY	25,391	68,879	385,842	480,112	9,681 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,789	58,143	39,314	99,246	2,338 16.00
17.00 01700	SOCIAL SERVICE	667	4,393	79	5,139	1,495 17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	42	9,572	10	9,624	1,374 23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	5,470	0	5,470	1,019 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	221,058	1,111,473	383,375	1,715,906	40,836 30.00
31.00 03100	INTENSIVE CARE UNIT	77,070	159,418	148,576	385,064	5,412 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	40,590	161,251	16,381	218,222	4,356 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,198	8,481	16,912	26,591	2,072 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	521,763	568,414	1,116,195	2,206,372	1,539 50.00
51.00 05100	RECOVERY ROOM	2,306	46,331	32,758	81,395	4 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	1,731	10,960	12,691	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,754	122,120	158,024	292,898	4,330 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	20,000	49,226	7,722	76,948	922 54.01
54.02 05404	ULTRASOUND	306	21,878	36,606	58,790	1,350 54.02
54.03 05405	MAMMOGRAPHY	153,728	3,971	14,300	171,999	2,109 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	6,230	113,174	663,546	782,950	4,399 55.00
57.00 05700	CT SCAN	542	21,398	234,045	255,985	1,751 57.00
58.00 05800	MRI	46	13,092	13,796	26,934	816 58.00
59.00 05900	CARDIAC CATHETERIZATION	18,762	154,137	100,103	273,002	4,589 59.00
60.00 06000	LABORATORY	29,240	156,508	156,893	342,641	10,424 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	2,055	17,631	16,974	36,660	950 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46	7,622	4,158	11,826	197 62.00
65.00 06500	RESPIRATORY THERAPY	42,003	95,994	127,648	265,645	4,515 65.00
66.00 06600	PHYSICAL THERAPY	379,368	3,302	25,229	407,899	10,065 66.00
67.00 06700	OCCUPATIONAL THERAPY	522	3,215	5,310	9,047	3,534 67.00
68.00 06800	SPEECH PATHOLOGY	15,179	0	20,605	35,784	2,145 68.00
69.00 06900	ELECTROCARDIOLOGY	564	20,336	28,823	49,723	1,540 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	149,134	0	13,901	163,035	1,897 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	63	63	0 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	1,223	22,998	12,804	37,025	482 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	272	98,540	42,052	140,864	2,314 90.00
90.01 09001	DIABETES CENTER	994	11,274	893	13,161	318 90.01
90.02 09002	NEUROPSYCH	8	1,949	36	1,993	243 90.02
90.03 09003	WOUND CENTER	1,367	0	2,018	3,385	1,268 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	131,327	0	222	131,549	189 90.04
90.05 09005	VIMCARE CLINIC	5,750	19,682	2,589	28,021	496 90.05
91.00 09100	EMERGENCY	14,617	213,779	273,974	502,370	15,145 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	32,388	107,079	288,500	427,967	7,993 95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 1-117)	2,747,275	10,569,913	9,183,584	22,500,772	214,851 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,575	361	10,936	0	190.00
194.00 07950 WELLNESS COMMUNITY	55,265	0	13,068	68,333	504	194.00
194.01 07951 BUILDING RENTALS	40,691	19,304	0	59,995	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	11,856	725	12,581	3	194.06
194.07 07957 HEALTHY COMMUNITIES	0	17,383	0	17,383	481	194.07
194.08 07958 CRHP	0	0	0	0	149	194.08
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers			0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,843,231	10,629,031	9,197,738	22,670,000	215,988 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	5,944,881				5.00
7.00	00700	OPERATION OF PLANT	423,686	6,205,318			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,980	16,005	49,671		8.00
9.00	00900	HOUSEKEEPING	95,569	111,967	0	303,716	9.00
10.00	01000	DIETARY	41,005	173,731	0	2,490	352,696
11.00	01100	CAFETERIA	48,630	135,488	0	5,454	0
13.00	01300	NURSING ADMINISTRATION	167,574	217,899	0	830	0
14.00	01400	CENTRAL SERVICES & SUPPLY	44,675	168,249	0	2,786	0
15.00	01500	PHARMACY	233,737	104,672	0	3,616	0
16.00	01600	MEDICAL RECORDS & LIBRARY	60,876	88,358	0	0	0
17.00	01700	SOCIAL SERVICE	23,827	6,676	0	119	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	21,541	14,546	0	652	0
23.02	02302	PHARMACY RESIDENCY PROG	16,528	8,312	0	296	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	740,984	1,689,055	18,845	106,713	276,726
31.00	03100	INTENSIVE CARE UNIT	129,593	242,260	2,350	8,952	26,593
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	79,861	245,045	2,773	12,865	40,609
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	33,951	12,888	770	119	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	682,983	863,793	10,270	48,554	794
51.00	05100	RECOVERY ROOM	47,489	70,408	1,538	8,537	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	8,471	2,631	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,664	185,580	4,665	8,241	167
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	43,716	74,807	0	5,039	0
54.02	05404	ULTRA SOUND	29,879	33,247	0	1,660	0
54.03	05405	MAMMOGRAPHY	46,633	6,035	388	3,083	0
55.00	05500	RADIOLOGY-THERAPEUTIC	110,625	171,985	330	5,454	806
57.00	05700	CT SCAN	46,912	32,518	0	949	0
58.00	05800	MRI	18,675	19,895	0	652	0
59.00	05900	CARDIAC CATHETERIZATION	99,340	234,236	238	7,351	719
60.00	06000	LABORATORY	291,758	237,839	0	6,996	0
60.01	06001	LABORATORY-PATHOLOGICAL	29,397	26,793	0	474	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,504	11,584	0	237	0
65.00	06500	RESPIRATORY THERAPY	86,569	145,878	0	7,766	0
66.00	06600	PHYSICAL THERAPY	176,357	5,018	1,051	0	0
67.00	06700	OCCUPATIONAL THERAPY	62,711	4,885	518	0	0
68.00	06800	SPEECH PATHOLOGY	38,319	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	27,826	30,904	0	1,482	0
70.00	07000	ELECTROENCEPHALOGRAPHY	38,016	0	64	12,331	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	197,989	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	251,959	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	565,766	0	0	0	0
74.00	07400	RENAL DIALYSIS	18,276	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	13,306	34,950	0	356	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	52,342	149,746	1,853	5,158	4,511
90.01	09001	DIABETES CENTER	9,165	17,132	0	237	0
90.02	09002	NEUROPSYCH	4,472	2,962	0	0	0
90.03	09003	WOUND CENTER	48,574	0	250	0	0
90.04	09004	HYPERBARIIC OXYGEN THERAPY	9,200	0	27	0	0
90.05	09005	VIMCARE CLINIC	8,425	29,909	0	0	0
91.00	09100	EMERGENCY	349,143	324,870	3,741	32,192	1,771
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	136,526	162,723	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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To 12/31/2016

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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	
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 1-117)	5,854,004	6,115,479	49,671	301,641	352,696	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	363	16,071	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	11,525	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	3,247	29,335	0	0	0	194.01
194.02	07952	HOSPICE	2,357	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	8,792	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	53,363	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	475	18,016	0	1,779	0	194.06
194.07	07957	HEALTHY COMMUNITIES	8,412	26,417	0	296	0	194.07
194.08	07958	CRHP	2,343	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,944,881	6,205,318	49,671	303,716	352,696	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 8:05 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	325,688					11.00
13.00	01300	NURSING ADMINISTRATION	11,588	631,593				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,964	10,149	442,688			14.00
15.00	01500	PHARMACY	11,283	0	0	843,101		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,149	0	0	0	259,967	16.00
17.00	01700	SOCIAL SERVICE	2,135	5,898	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	2,135	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,220	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	77,453	201,279	20,926	788	55,967	30.00
31.00	03100	INTENSIVE CARE UNIT	8,539	22,165	756	136	4,401	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	7,319	19,097	0	20	8,645	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,050	7,977	648	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,764	90,621	395,146	2,976	77,958	50.00
51.00	05100	RECOVERY ROOM	3,964	10,646	0	5	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	305	872	0	3,436	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,709	0	252	182	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,220	0	0	7,654	0	54.01
54.02	05404	ULTRA SOUND	1,525	0	0	34	0	54.02
54.03	05405	MAMMOGRAPHY	3,659	0	288	21	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,574	11,843	0	5	5,462	55.00
57.00	05700	CT SCAN	2,745	0	0	708	0	57.00
58.00	05800	MRI	1,220	0	0	30	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,099	15,831	3,422	224	1,362	59.00
60.00	06000	LABORATORY	23,481	0	0	21	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,525	0	0	0	25,489	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	305	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	7,929	20,923	324	308	458	65.00
66.00	06600	PHYSICAL THERAPY	14,943	38,087	9,256	152	2,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,879	12,857	0	14	472	67.00
68.00	06800	SPEECH PATHOLOGY	2,745	7,309	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,440	6,228	0	174	27,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,745	6,982	0	1	19,175	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	822,104	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	332	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	915	2,134	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,269	11,408	36	33	30,256	90.00
90.01	09001	DIABETES CENTER	305	1,172	0	0	0	90.01
90.02	09002	NEUROPSYCH	610	1,508	0	0	157	90.02
90.03	09003	WOUND CENTER	2,440	5,963	9,761	1,799	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	305	999	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	915	2,634	0	94	0	90.05
91.00	09100	EMERGENCY	26,836	59,395	1,873	1,101	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	20,737	54,042	0	701	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 01/01/2016  
To 12/31/2016

Worksheet B  
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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	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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 1-117)	322,943	628,019	442,688	843,053	259,967
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,525	3,574	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	48	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	915	0	0	0	194.07
194.08	07958	CRHP	305	0	0	0	194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	325,688	631,593	442,688	843,101	259,967

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 8:05 pm		
Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal
		17.00	23.00	23.01	23.02	24.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	45,289			17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	XRAY EDUCATION	0		49,872	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0		32,845	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	11,503			4,956,981
31.00	03100	INTENSIVE CARE UNIT	2,853			839,074
32.00	03200	CORONARY CARE UNIT	0			0
33.00	03300	BURN INTENSIVE CARE UNIT	0			0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0
40.00	04000	SUBPROVIDER - I/PF	0			0
41.00	04100	SUBPROVIDER - I/RF	6,839			645,651
42.00	04200	SUBPROVIDER	0			0
43.00	04300	NURSERY	0			88,066
44.00	04400	SKILLED NURSING FACILITY	0			0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0			4,415,770
51.00	05100	RECOVERY ROOM	0			223,986
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0
53.00	05300	ANESTHESIOLOGY	0			28,406
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			599,688
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			210,306
54.02	05404	ULTRA SOUND	0			126,485
54.03	05405	MAMMOGRAPHY	0			234,215
55.00	05500	RADIOLOGY-THERAPEUTIC	1,585			1,100,018
57.00	05700	CT SCAN	0			341,568
58.00	05800	MRI	0			68,222
59.00	05900	CARDIAC CATHETERIZATION	0			646,413
60.00	06000	LABORATORY	0			913,160
60.01	06001	LABORATORY-PATHOLOGICAL	0			121,288
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			45,653
65.00	06500	RESPIRATORY THERAPY	0			540,315
66.00	06600	PHYSICAL THERAPY	0			665,055
67.00	06700	OCCUPATIONAL THERAPY	0			98,917
68.00	06800	SPEECH PATHOLOGY	0			86,302
69.00	06900	ELECTROCARDIOLOGY	0			148,255
70.00	07000	ELECTROENCEPHALOGRAPHY	0			244,246
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			197,989
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			251,959
73.00	07300	DRUGS CHARGED TO PATIENTS	0			1,387,870
74.00	07400	RENAL DIALYSIS	0			18,671
76.00	03020	ACUPUNCTURE	0			0
76.97	07697	CARDIAC REHABILITATION	2,853			92,021
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0			0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0
90.00	09000	CLINIC	9,058			411,848
90.01	09001	DIABETES CENTER	0			41,490
90.02	09002	NEUROPSYCH	0			11,945
90.03	09003	WOUND CENTER	0			73,440
90.04	09004	HYPERBARI C OXYGEN THERAPY	0			142,269
90.05	09005	VIMCARE CLINIC	0			70,494
91.00	09100	EMERGENCY	10,598			1,329,035
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0			810,689
99.10	09910	CORF	0			0
101.00	10100	HOME HEALTH AGENCY	0			0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0			0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		SOCI AL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal		
		17.00	23.00	23.01	23.02	24.00		
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 1-117)	45,289	0	0	22,227,760	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			27,370	190.00	
194.00	07950	WELLNESS COMMUNITY	0			85,461	194.00	
194.01	07951	BUILDING RENTALS	0			92,577	194.01	
194.02	07952	HOSPICE	0			2,405	194.02	
194.03	07953	OUTREACH CLINICS	0			0	194.03	
194.04	07954	SPEECH - HEARING AIDS	0			8,792	194.04	
194.05	07955	NONALLOWABLE MARKETING	0			53,363	194.05	
194.06	07956	CRH FOUNDATION	0			32,854	194.06	
194.07	07957	HEALTHY COMMUNITIES	0			53,904	194.07	
194.08	07958	CRHP	0			2,797	194.08	
200.00		Cross Foot Adjustments		0	49,872	32,845	82,717	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	45,289	0	49,872	32,845	22,670,000	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	839,074	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	645,651	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	88,066	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	223,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	28,406	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	599,688	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	210,306	54.01
54.02	05404	ULTRA SOUND	126,485	54.02
54.03	05405	MAMMOGRAPHY	234,215	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,100,018	55.00
57.00	05700	CT SCAN	341,568	57.00
58.00	05800	MRI	68,222	58.00
59.00	05900	CARDIAC CATHETERIZATION	646,413	59.00
60.00	06000	LABORATORY	913,160	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	121,288	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,653	62.00
65.00	06500	RESPIRATORY THERAPY	540,315	65.00
66.00	06600	PHYSICAL THERAPY	665,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	98,917	67.00
68.00	06800	SPEECH PATHOLOGY	86,302	68.00
69.00	06900	ELECTROCARDIOLOGY	148,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	197,989	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	251,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,387,870	73.00
74.00	07400	RENAL DIALYSIS	18,671	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	92,021	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	411,848	90.00
90.01	09001	DIABETES CENTER	41,490	90.01
90.02	09002	NEUROPSYCH	11,945	90.02
90.03	09003	WOUND CENTER	73,440	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	142,269	90.04
90.05	09005	VIMCARE CLINIC	70,494	90.05
91.00	09100	EMERGENCY	1,329,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	810,689	95.00
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS	0	0	101.00
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 1-117)	0	22,227,760	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,370	190.00
194.00	07950	WELLNESS COMMUNITY	0	85,461	194.00
194.01	07951	BUILDING RENTALS	0	92,577	194.01
194.02	07952	HOSPICE	0	2,405	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	8,792	194.04
194.05	07955	NONALLOWABLE MARKETING	0	53,363	194.05
194.06	07956	CRH FOUNDATION	0	32,854	194.06
194.07	07957	HEALTHY COMMUNITIES	0	53,904	194.07
194.08	07958	CRHP	0	2,797	194.08
200.00		Cross Foot Adjustments	0	82,717	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	22,670,000	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B-1  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	730,681					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,051,106				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,042	8,369	74,793,419			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	71,804	4,063,376	11,766,310	-39,000,303	178,911,856	5.00
7.00 00700	OPERATION OF PLANT	365,128	406,133	2,255,132	0	12,750,884	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	724	0	53,390	0	691,592	8.00
9.00 00900	HOUSEKEEPING	5,065	12,763	1,658,224	0	2,876,162	9.00
10.00 01000	DIETARY	7,859	16,280	582,336	0	1,234,061	10.00
11.00 01100	CAFETERIA	6,129	36,153	1,293,147	0	1,463,536	11.00
13.00 01300	NURSING ADMINISTRATION	9,857	65,261	3,424,185	0	5,043,148	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,611	97,771	293	0	1,344,495	14.00
15.00 01500	PHARMACY	4,735	379,691	3,352,267	0	7,034,352	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,997	38,687	809,656	0	1,832,060	16.00
17.00 01700	SOCIAL SERVICE	302	78	517,539	0	717,063	17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	658	10	475,812	0	648,293	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	0	352,853	0	497,416	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	76,407	377,263	14,144,983	0	22,299,906	30.00
31.00 03100	INTENSIVE CARE UNIT	10,959	146,207	1,874,056	0	3,900,107	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	16,120	1,508,377	0	2,403,413	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	583	16,642	717,524	0	1,021,766	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	39,075	1,098,401	532,779	0	20,554,428	50.00
51.00 05100	RECOVERY ROOM	3,185	32,236	1,399	0	1,429,176	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	119	10,785	0	0	254,935	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,395	155,505	1,499,141	0	2,909,117	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	7,599	319,270	0	1,315,628	54.01
54.02 05404	ULTRASOUND	1,504	36,022	467,366	0	899,225	54.02
54.03 05405	MAMMOGRAPHY	273	14,072	730,323	0	1,403,432	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,780	652,968	1,523,252	0	3,329,281	55.00
57.00 05700	CT SCAN	1,471	230,314	606,386	0	1,411,836	57.00
58.00 05800	MRI	900	13,576	282,712	0	562,036	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,596	98,507	1,588,825	0	2,989,661	59.00
60.00 06000	LABORATORY	10,759	154,392	3,609,513	0	8,780,500	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	16,703	328,997	0	884,695	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	524	4,092	68,053	0	647,157	62.00
65.00 06500	RESPIRATORY THERAPY	6,599	125,613	1,563,438	0	2,605,309	65.00
66.00 06600	PHYSICAL THERAPY	227	24,827	3,485,195	0	5,307,489	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	5,225	1,223,763	0	1,887,295	67.00
68.00 06800	SPEECH PATHOLOGY	0	20,277	742,755	0	1,153,217	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	28,364	533,350	0	837,428	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	13,679	656,788	0	1,144,110	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,958,498	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,582,734	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,026,798	73.00
74.00 07400	RENAL DIALYSIS	0	62	0	0	550,033	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,581	12,600	167,059	0	400,446	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	6,774	41,382	801,314	0	1,575,233	90.00
90.01 09001	DIABETES CENTER	775	879	110,040	0	275,815	90.01
90.02 09002	NEUROPSYCH	134	35	84,134	0	134,590	90.02
90.03 09003	WOUND CENTER	0	1,986	439,137	0	1,461,825	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	218	65,487	0	276,889	90.04
90.05 09005	VIMCARE CLINIC	1,353	2,548	171,802	0	253,548	90.05
91.00 09100	EMERGENCY	14,696	269,606	5,244,210	0	10,507,497	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	7,361	283,901	2,767,505	0	4,108,766	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B-1

Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
			1.00	2.00				
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 1-117)	726,617	9,037,178	74,400,077	-39,000,303	176,176,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	355	0	0	10,936	190.00
194.00	07950	WELLNESS COMMUNITY	0	12,860	174,471	0	346,841	194.00
194.01	07951	BUILDING RENTALS	1,327	0	0	0	97,712	194.01
194.02	07952	HOSPICE	0	0	0	0	70,946	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	264,590	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,605,965	194.05
194.06	07956	CRH FOUNDATION	815	713	932	0	14,300	194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	0	166,401	0	253,159	194.07
194.08	07958	CRHP	0	0	51,538	0	70,526	194.08
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)	10,629,031	9,197,738	27,555,993		39,000,303	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.546746	1.016200	0.368428		0.217986	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			215,988		5,944,881	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002888		0.033228	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B-1  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	280,707					7.00
8.00	00800	724	1,036,861				8.00
9.00	00900	5,065	0	5,123			9.00
10.00	01000	7,859	0	42	154,100		10.00
11.00	01100	6,129	0	92	0	1,068	11.00
13.00	01300	9,857	0	14	0	38	13.00
14.00	01400	7,611	0	47	0	13	14.00
15.00	01500	4,735	0	61	0	37	15.00
16.00	01600	3,997	0	0	0	30	16.00
17.00	01700	302	0	2	0	7	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	658	0	11	0	7	23.01
23.02	02302	376	0	5	0	4	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	76,407	393,431	1,800	120,907	254	30.00
31.00	03100	10,959	49,051	151	11,619	28	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,085	57,880	217	17,743	24	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	16,071	2	0	10	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	39,075	214,384	819	347	114	50.00
51.00	05100	3,185	32,101	144	0	13	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	119	0	0	0	1	53.00
54.00	05400	8,395	97,380	139	73	22	54.00
54.01	05402	3,384	0	85	0	4	54.01
54.02	05404	1,504	0	28	0	5	54.02
54.03	05405	273	8,089	52	0	12	54.03
55.00	05500	7,780	6,894	92	352	15	55.00
57.00	05700	1,471	0	16	0	9	57.00
58.00	05800	900	0	11	0	4	58.00
59.00	05900	10,596	4,967	124	314	20	59.00
60.00	06000	10,759	0	118	0	77	60.00
60.01	06001	1,212	0	8	0	5	60.01
62.00	06200	524	0	4	0	1	62.00
65.00	06500	6,599	0	131	0	26	65.00
66.00	06600	227	21,943	0	0	49	66.00
67.00	06700	221	10,804	0	0	16	67.00
68.00	06800	0	0	0	0	9	68.00
69.00	06900	1,398	0	25	0	8	69.00
70.00	07000	0	1,327	208	0	9	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,581	0	6	0	3	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	6,774	38,671	87	1,971	14	90.00
90.01	09001	775	0	4	0	1	90.01
90.02	09002	134	0	0	0	2	90.02
90.03	09003	0	5,212	0	0	8	90.03
90.04	09004	0	571	0	0	1	90.04
90.05	09005	1,353	0	0	0	3	90.05
91.00	09100	14,696	78,085	543	774	88	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	7,361	0	0	0	68	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B-1

Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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 1-117)	276,643	1,036,861	5,088	154,100	1,059
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	5 194.00
194.01	07951	BUILDING RENTALS	1,327	0	0	0	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	815	0	30	0	0 194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	0	5	0	3 194.07
194.08	07958	CRHP	0	0	0	0	1 194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,530,398	882,405	3,783,351	1,968,893	2,189,601
203.00		Unit cost multiplier (Wkst. B, Part I)	55.326009	0.851035	738.503026	12.776723	2,050.188202
204.00		Cost to be allocated (per Wkst. B, Part II)	6,205,318	49,671	303,716	352,696	325,688
205.00		Unit cost multiplier (Wkst. B, Part II)	22.106032	0.047905	59.284794	2.288748	304.951311

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B-1  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		(NURS HRS)					
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,657,564				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,636	12,291			14.00
15.00	01500	PHARMACY	0	0	17,094,818		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	19,848	16.00
17.00	01700	SOCIAL SERVICE	15,478	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	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	528,242	581	15,982	4,273	254
31.00	03100	INTENSIVE CARE UNIT	58,170	21	2,763	336	63
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	50,119	0	409	660	151
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	20,935	18	3	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	237,826	10,971	60,334	5,952	0
51.00	05100	RECOVERY ROOM	27,940	0	93	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,288	0	69,670	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7	3,686	0	0
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	155,188	0	0
54.02	05404	ULTRA SOUND	0	0	680	0	0
54.03	05405	MAMMOGRAPHY	0	8	435	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	31,082	0	98	417	35
57.00	05700	CT SCAN	0	0	14,353	0	0
58.00	05800	MRI	0	0	601	0	0
59.00	05900	CARDIAC CATHETERIZATION	41,546	95	4,537	104	0
60.00	06000	LABORATORY	0	0	421	0	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	1,946	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	54,910	9	6,242	35	0
66.00	06600	PHYSICAL THERAPY	99,957	257	3,078	170	0
67.00	06700	OCCUPATIONAL THERAPY	33,741	0	285	36	0
68.00	06800	SPEECH PATHOLOGY	19,182	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	16,344	0	3,536	2,133	0
70.00	07000	ELECTROENCEPHALOGRAPHY	18,324	0	13	1,464	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,669,080	0	0
74.00	07400	RENAL DIALYSIS	0	0	6,738	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	5,600	0	0	0	63
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	29,939	1	665	2,310	200
90.01	09001	DIABETES CENTER	3,077	0	0	0	0
90.02	09002	NEUROPSYCH	3,957	0	0	12	0
90.03	09003	WOUND CENTER	15,650	271	36,486	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	2,621	0	0	0	0
90.05	09005	VIMCARE CLINIC	6,914	0	1,915	0	0
91.00	09100	EMERGENCY	155,878	52	22,328	0	234
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	141,829	0	14,221	0	0
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 01/01/2016  
To 12/31/2016

Worksheet B-1

Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		NURSING ADMINISTRATION (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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 1-117)	1,648,185	12,291	17,093,840	19,848	1,000 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	9,379	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	978	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,776,078	2,228,911	8,950,617	2,514,067	969,183 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.087974	181.344968	0.523587	126.666012	969.183000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	631,593	442,688	843,101	259,967	45,289 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.381037	36.017248	0.049319	13.097894	45.289000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B-1  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>					
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	0	95.00
99.10	09910	0	0	0	99.10
101.00	10100	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet B-1

Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 1-117)	0	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
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	848,492	638,543	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	8,484.920000	6,385.430000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	49,872	32,845	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	498.720000	328.450000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	38,178,543	38,178,543	0	38,178,543	30.00
31.00	03100 INTENSIVE CARE UNIT	6,062,381	6,062,381	0	6,062,381	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,461,073	4,461,073	0	4,461,073	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	1,401,256	1,401,256	0	1,401,256	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	31,969,577	31,969,577	85,109	32,054,686	50.00
51.00	05100 RECOVERY ROOM	2,191,511	2,191,511	0	2,191,511	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	364,972	364,972	8,040	373,012	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,090,980	5,090,980	29,417	5,120,397	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	1,941,867	1,941,867	0	1,941,867	54.01
54.02	05404 ULTRASOUND	1,209,738	1,209,738	0	1,209,738	54.02
54.03	05405 MAMMOGRAPHY	1,796,032	1,796,032	0	1,796,032	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	4,808,367	4,808,367	0	4,808,367	55.00
57.00	05700 CT SCAN	1,838,764	1,838,764	0	1,838,764	57.00
58.00	05800 MRI	750,985	750,985	0	750,985	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,571,032	4,571,032	41,337	4,612,369	59.00
60.00	06000 LABORATORY	11,535,006	11,535,006	0	11,535,006	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,407,252	1,407,252	9,459	1,416,711	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	822,223	822,223	0	822,223	62.00
65.00	06500 RESPIRATORY THERAPY	3,922,179	3,922,179	0	3,922,179	65.00
66.00	06600 PHYSICAL THERAPY	7,074,512	7,074,512	0	7,074,512	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,495,565	2,495,565	0	2,495,565	67.00
68.00	06800 SPEECH PATHOLOGY	1,501,470	1,501,470	0	1,501,470	68.00
69.00	06900 ELECTROCARDIOLOGY	1,471,031	1,471,031	22,611	1,493,642	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,827,054	1,827,054	0	1,827,054	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,257,367	7,257,367	0	7,257,367	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,235,664	9,235,664	0	9,235,664	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	30,104,650	30,104,650	0	30,104,650	73.00
74.00	07400 RENAL DIALYSIS	673,460	673,460	0	673,460	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	669,742	669,742	2,684	672,426	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	3,053,790	3,053,790	0	3,053,790	90.00
90.01	09001 DIABETES CENTER	396,400	396,400	0	396,400	90.01
90.02	09002 NEUROPSYCH	193,139	193,139	0	193,139	90.02
90.03	09003 WOUND CENTER	1,933,545	1,933,545	0	1,933,545	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	350,498	350,498	0	350,498	90.04
90.05	09005 VIMCARE CLINIC	419,092	419,092	0	419,092	90.05
91.00	09100 EMERGENCY	15,153,956	15,153,956	0	15,153,956	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,585,327	4,585,327	0	4,585,327	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	6,138,326	6,138,326	2,146	6,140,472	95.00
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	218,858,326	218,858,326	200,803	219,059,129	200.00
201.00	Less Observation Beds	4,585,327	4,585,327	0	4,585,327	201.00
202.00	Total (see instructions)	214,272,999	214,272,999	200,803	214,473,802	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	55,679,192		55,679,192		30.00
31.00	03100	INTENSIVE CARE UNIT	10,454,297		10,454,297		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	6,430,471		6,430,471		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,298,254		3,298,254		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	23,167,520	60,807,454	83,974,974	0.380704	50.00
51.00	05100	RECOVERY ROOM	2,189,657	4,393,642	6,583,299	0.332889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,025,076	6,646,441	10,671,517	0.034201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,438,492	4,135,032	5,573,524	0.913422	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,434,589	6,211,583	7,646,172	0.253966	54.01
54.02	05404	ULTRA SOUND	1,060,286	4,177,949	5,238,235	0.230944	54.02
54.03	05405	MAMMOGRAPHY	735	2,936,686	2,937,421	0.611432	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	355,475	11,429,189	11,784,664	0.408019	55.00
57.00	05700	CT SCAN	4,658,121	18,969,244	23,627,365	0.077823	57.00
58.00	05800	MRI	1,453,000	6,031,199	7,484,199	0.100343	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,438,644	7,482,700	18,921,344	0.241581	59.00
60.00	06000	LABORATORY	11,341,075	25,750,913	37,091,988	0.310984	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	480,827	4,630,418	5,111,245	0.275325	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,299,653	741,652	2,041,305	0.402793	62.00
65.00	06500	RESPIRATORY THERAPY	7,453,306	2,339,005	9,792,311	0.400537	65.00
66.00	06600	PHYSICAL THERAPY	3,544,256	9,816,929	13,361,185	0.529482	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,182,531	2,084,222	4,266,753	0.584886	67.00
68.00	06800	SPEECH PATHOLOGY	1,039,977	944,577	1,984,554	0.756578	68.00
69.00	06900	ELECTROCARDIOLOGY	5,217,587	8,889,515	14,107,102	0.104276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,099	6,521,380	6,700,479	0.272675	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,737,693	8,561,345	18,299,038	0.396598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,840,126	5,219,595	16,059,721	0.575082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,361,288	50,155,828	78,517,116	0.383415	73.00
74.00	07400	RENAL DIALYSIS	1,593,608	0	1,593,608	0.422601	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	25,745	1,599,354	1,625,099	0.412124	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	30,830	5,167,928	5,198,758	0.587408	90.00
90.01	09001	DIABETES CENTER	172	140,482	140,654	2.818263	90.01
90.02	09002	NEUROPSYCH	4,060	269,356	273,416	0.706392	90.02
90.03	09003	WOUND CENTER	57,090	5,364,265	5,421,355	0.356653	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	25,636	1,399,267	1,424,903	0.245980	90.04
90.05	09005	VIMCARE CLINIC	698	108,622	109,320	3.833626	90.05
91.00	09100	EMERGENCY	13,779,731	52,306,439	66,086,170	0.229306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,191,935	10,191,935	0.449898	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	11,090,733	11,090,733	0.553464	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	224,278,797	346,514,879	570,793,676		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	224,278,797	346,514,879	570,793,676		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 8:05 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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	0.381717		50.00
51.00	05100	RECOVERY ROOM	0.332889		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.034954		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.918700		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.253966		54.01
54.02	05404	ULTRASOUND	0.230944		54.02
54.03	05405	MAMMOGRAPHY	0.611432		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.408019		55.00
57.00	05700	CT SCAN	0.077823		57.00
58.00	05800	MRI	0.100343		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.243765		59.00
60.00	06000	LABORATORY	0.310984		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277175		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.402793		62.00
65.00	06500	RESPIRATORY THERAPY	0.400537		65.00
66.00	06600	PHYSICAL THERAPY	0.529482		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.584886		67.00
68.00	06800	SPEECH PATHOLOGY	0.756578		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105879		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272675		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.396598		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.575082		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.383415		73.00
74.00	07400	RENAL DIALYSIS	0.422601		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.413775		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	0.587408		90.00
90.01	09001	DIABETES CENTER	2.818263		90.01
90.02	09002	NEUROPSYCH	0.706392		90.02
90.03	09003	WOUND CENTER	0.356653		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.245980		90.04
90.05	09005	VIMCARE CLINIC	3.833626		90.05
91.00	09100	EMERGENCY	0.229306		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.449898		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.553658		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 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/23/2017 8:05 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,956,981	0	4,956,981	29,325	169.04	30.00
31.00	INTENSIVE CARE UNIT	839,074		839,074	2,505	334.96	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	645,651	0	645,651	3,825	168.80	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	88,066		88,066	3,634	24.23	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	6,529,772		6,529,772	39,289		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,337	1,916,406				30.00
31.00	INTENSIVE CARE UNIT	1,171	392,238				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	2,288	386,214				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 30-199)	14,796	2,694,858				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet D  
Part II  
Date/Time Prepared:  
5/23/2017 8:05 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,415,770	83,974,974	0.052584	10,297,641	541,491	50.00
51.00	05100	RECOVERY ROOM	223,986	6,583,299	0.034023	1,046,674	35,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,406	10,671,517	0.002662	1,706,445	4,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	599,688	5,573,524	0.107596	848,316	91,275	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	210,306	7,646,172	0.027505	892,510	24,548	54.01
54.02	05404	ULTRASOUND	126,485	5,238,235	0.024146	562,188	13,575	54.02
54.03	05405	MAMMOGRAPHY	234,215	2,937,421	0.079735	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,100,018	11,784,664	0.093343	191,340	17,860	55.00
57.00	05700	CT SCAN	341,568	23,627,365	0.014456	2,505,136	36,214	57.00
58.00	05800	MRI	68,222	7,484,199	0.009115	776,034	7,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	646,413	18,921,344	0.034163	4,407,462	150,572	59.00
60.00	06000	LABORATORY	913,160	37,091,988	0.024619	5,301,525	130,518	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	121,288	5,111,245	0.023730	236,549	5,613	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,653	2,041,305	0.022365	663,469	14,838	62.00
65.00	06500	RESPIRATORY THERAPY	540,315	9,792,311	0.055177	4,119,691	227,312	65.00
66.00	06600	PHYSICAL THERAPY	665,055	13,361,185	0.049775	1,176,056	58,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	98,917	4,266,753	0.023183	382,406	8,865	67.00
68.00	06800	SPEECH PATHOLOGY	86,302	1,984,554	0.043487	123,610	5,375	68.00
69.00	06900	ELECTROCARDIOLOGY	148,255	14,107,102	0.010509	2,758,231	28,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,246	6,700,479	0.036452	107,813	3,930	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	197,989	18,299,038	0.010820	4,729,252	51,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	251,959	16,059,721	0.015689	5,377,506	84,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,387,870	78,517,116	0.017676	13,377,754	236,465	73.00
74.00	07400	RENAL DIALYSIS	18,671	1,593,608	0.011716	808,000	9,467	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	92,021	1,625,099	0.056625	7,545	427	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	411,848	5,198,758	0.079220	25,729	2,038	90.00
90.01	09001	DIABETES CENTER	41,490	140,654	0.294979	172	51	90.01
90.02	09002	NEUROPSYCH	11,945	273,416	0.043688	2,610	114	90.02
90.03	09003	WOUND CENTER	73,440	5,421,355	0.013546	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	142,269	1,424,903	0.099845	19,720	1,969	90.04
90.05	09005	VIMCARE CLINIC	70,494	109,320	0.644841	0	0	90.05
91.00	09100	EMERGENCY	1,329,035	66,086,170	0.020111	7,772,403	156,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	595,345	10,191,935	0.058413	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	15,482,644	483,840,729		70,223,787	1,949,119	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/23/2017 8:05 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,325	0.00	11,337	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,505	0.00	1,171	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,825	0.00	2,288	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	3,634	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00		Total (lines 30-199)	39,289		14,796	0	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	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 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 8:05 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	848,492	0	848,492
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	638,543	0	638,543
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	1,487,035	0	1,487,035
200.00		Total (lines 50-199)	0	0	1,487,035	0	1,487,035

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 8:05 pm
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Cost Center Description		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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	83,974,974	0.000000	0.000000	10,297,641	50.00
51.00	05100 RECOVERY ROOM	0	6,583,299	0.000000	0.000000	1,046,674	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	10,671,517	0.000000	0.000000	1,706,445	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	848,492	5,573,524	0.152236	0.152236	848,316	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	7,646,172	0.000000	0.000000	892,510	54.01
54.02	05404 ULTRASOUND	0	5,238,235	0.000000	0.000000	562,188	54.02
54.03	05405 MAMMOGRAPHY	0	2,937,421	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,784,664	0.000000	0.000000	191,340	55.00
57.00	05700 CT SCAN	0	23,627,365	0.000000	0.000000	2,505,136	57.00
58.00	05800 MRI	0	7,484,199	0.000000	0.000000	776,034	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,921,344	0.000000	0.000000	4,407,462	59.00
60.00	06000 LABORATORY	0	37,091,988	0.000000	0.000000	5,301,525	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	5,111,245	0.000000	0.000000	236,549	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,041,305	0.000000	0.000000	663,469	62.00
65.00	06500 RESPIRATORY THERAPY	0	9,792,311	0.000000	0.000000	4,119,691	65.00
66.00	06600 PHYSICAL THERAPY	0	13,361,185	0.000000	0.000000	1,176,056	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,266,753	0.000000	0.000000	382,406	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,984,554	0.000000	0.000000	123,610	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,107,102	0.000000	0.000000	2,758,231	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,700,479	0.000000	0.000000	107,813	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,299,038	0.000000	0.000000	4,729,252	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,059,721	0.000000	0.000000	5,377,506	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	638,543	78,517,116	0.008133	0.008133	13,377,754	73.00
74.00	07400 RENAL DIALYSIS	0	1,593,608	0.000000	0.000000	808,000	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,625,099	0.000000	0.000000	7,545	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,198,758	0.000000	0.000000	25,729	90.00
90.01	09001 DIABETES CENTER	0	140,654	0.000000	0.000000	172	90.01
90.02	09002 NEUROPSYCH	0	273,416	0.000000	0.000000	2,610	90.02
90.03	09003 WOUND CENTER	0	5,421,355	0.000000	0.000000	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	1,424,903	0.000000	0.000000	19,720	90.04
90.05	09005 VIMCARE CLINIC	0	109,320	0.000000	0.000000	0	90.05
91.00	09100 EMERGENCY	0	66,086,170	0.000000	0.000000	7,772,403	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,191,935	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	1,487,035	483,840,729			70,223,787	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	17,526,971	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	904,988	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,617,855	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,144	1,442,490	219,599	0	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	2,708,356	0	0	0	54.01
54.02	05404	ULTRASOUND	0	1,231,835	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	285,381	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,477,340	0	0	0	55.00
57.00	05700	CT SCAN	0	5,820,700	0	0	0	57.00
58.00	05800	MRI	0	1,898,742	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,892,310	0	0	0	59.00
60.00	06000	LABORATORY	0	3,109,370	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	1,257,679	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	418,324	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	989,573	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	57,435	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,625	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	196,037	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,225,699	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,843,140	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,647,008	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,376,661	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,801	15,122,778	122,994	0	0	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	682,323	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	2,572,442	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	9,860	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	156,268	0	0	0	90.02
90.03	09003	WOUND CENTER	0	2,873,277	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	530,961	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	8,137	0	0	0	90.05
91.00	09100	EMERGENCY	0	11,691,267	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,554,185	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	237,945	94,155,017	342,593	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 8:05 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	0	0		200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.380704	17,526,971	0	6,672,588	50.00
51.00	05100 RECOVERY ROOM	0.332889	904,988	0	301,261	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034201	1,617,855	0	55,332	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.913422	1,442,490	0	1,317,602	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.253966	2,708,356	0	687,830	54.01
54.02	05404 ULTRA SOUND	0.230944	1,231,835	0	284,485	54.02
54.03	05405 MAMMOGRAPHY	0.611432	285,381	0	174,491	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.408019	5,477,340	0	2,234,859	55.00
57.00	05700 CT SCAN	0.077823	5,820,700	0	452,984	57.00
58.00	05800 MRI	0.100343	1,898,742	0	190,525	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.241581	2,892,310	0	698,727	59.00
60.00	06000 LABORATORY	0.310984	3,109,370	0	966,964	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.275325	1,257,679	0	346,270	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.402793	418,324	0	168,498	62.00
65.00	06500 RESPIRATORY THERAPY	0.400537	989,573	0	396,361	65.00
66.00	06600 PHYSICAL THERAPY	0.529482	57,435	0	30,411	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.584886	25,625	0	14,988	67.00
68.00	06800 SPEECH PATHOLOGY	0.756578	196,037	0	148,317	68.00
69.00	06900 ELECTROCARDIOLOGY	0.104276	3,225,699	0	336,363	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272675	1,843,140	0	502,578	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.396598	2,647,008	0	1,049,798	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.575082	2,376,661	0	1,366,775	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.383415	15,122,778	0	5,798,300	73.00
74.00	07400 RENAL DIALYSIS	0.422601	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.412124	682,323	0	281,202	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	0.587408	2,572,442	0	1,511,073	90.00
90.01	09001 DIABETES CENTER	2.818263	9,860	0	27,788	90.01
90.02	09002 NEUROPSYCH	0.706392	156,268	0	110,386	90.02
90.03	09003 WOUND CENTER	0.356653	2,873,277	0	1,024,763	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.245980	530,961	0	130,606	90.04
90.05	09005 VIMCARE CLINIC	3.833626	8,137	0	31,194	90.05
91.00	09100 EMERGENCY	0.229306	11,691,267	0	2,680,878	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.449898	2,554,185	0	1,149,123	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.553464		0		95.00
200.00	Subtotal (see instructions)		94,155,017	0	87,576	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		94,155,017	0	87,576	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	1,019	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	32,322	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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	33,341	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	33,341	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/23/2017 8:05 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,415,770	83,974,974	0.052584	18,908	994	50.00
51.00	05100	RECOVERY ROOM	223,986	6,583,299	0.034023	3,682	125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,406	10,671,517	0.002662	3,589	10	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	599,688	5,573,524	0.107596	20,920	2,251	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	210,306	7,646,172	0.027505	5,268	145	54.01
54.02	05404	ULTRA SOUND	126,485	5,238,235	0.024146	16,788	405	54.02
54.03	05405	MAMMOGRAPHY	234,215	2,937,421	0.079735	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,100,018	11,784,664	0.093343	32,992	3,080	55.00
57.00	05700	CT SCAN	341,568	23,627,365	0.014456	48,986	708	57.00
58.00	05800	MRI	68,222	7,484,199	0.009115	13,856	126	58.00
59.00	05900	CARDIAC CATHETERIZATION	646,413	18,921,344	0.034163	0	0	59.00
60.00	06000	LABORATORY	913,160	37,091,988	0.024619	218,190	5,372	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	121,288	5,111,245	0.023730	950	23	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,653	2,041,305	0.022365	7,969	178	62.00
65.00	06500	RESPIRATORY THERAPY	540,315	9,792,311	0.055177	73,008	4,028	65.00
66.00	06600	PHYSICAL THERAPY	665,055	13,361,185	0.049775	830,864	41,356	66.00
67.00	06700	OCCUPATIONAL THERAPY	98,917	4,266,753	0.023183	778,696	18,053	67.00
68.00	06800	SPEECH PATHOLOGY	86,302	1,984,554	0.043487	518,293	22,539	68.00
69.00	06900	ELECTROCARDIOLOGY	148,255	14,107,102	0.010509	12,280	129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,246	6,700,479	0.036452	4,774	174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	197,989	18,299,038	0.010820	88,654	959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	251,959	16,059,721	0.015689	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,387,870	78,517,116	0.017676	635,429	11,232	73.00
74.00	07400	RENAL DIALYSIS	18,671	1,593,608	0.011716	88,000	1,031	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	92,021	1,625,099	0.056625	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	411,848	5,198,758	0.079220	0	0	90.00
90.01	09001	DIABETES CENTER	41,490	140,654	0.294979	0	0	90.01
90.02	09002	NEUROPSYCH	11,945	273,416	0.043688	290	13	90.02
90.03	09003	WOUND CENTER	73,440	5,421,355	0.013546	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	142,269	1,424,903	0.099845	0	0	90.04
90.05	09005	VIMCARE CLINIC	70,494	109,320	0.644841	0	0	90.05
91.00	09100	EMERGENCY	1,329,035	66,086,170	0.020111	6,840	138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,191,935	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,887,299	483,840,729		3,429,226	113,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 8:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
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	848,492	0	848,492	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	638,543	0	638,543	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	1,487,035	0	1,487,035	95.00
200.00		Total (lines 50-199)	0	0	1,487,035	0	1,487,035	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/23/2017 8:05 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	83,974,974	0.000000	0.000000	18,908	50.00
51.00	05100	RECOVERY ROOM	0	6,583,299	0.000000	0.000000	3,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,671,517	0.000000	0.000000	3,589	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	848,492	5,573,524	0.152236	0.152236	20,920	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	7,646,172	0.000000	0.000000	5,268	54.01
54.02	05404	ULTRA SOUND	0	5,238,235	0.000000	0.000000	16,788	54.02
54.03	05405	MAMMOGRAPHY	0	2,937,421	0.000000	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,784,664	0.000000	0.000000	32,992	55.00
57.00	05700	CT SCAN	0	23,627,365	0.000000	0.000000	48,986	57.00
58.00	05800	MRI	0	7,484,199	0.000000	0.000000	13,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,921,344	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	37,091,988	0.000000	0.000000	218,190	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	5,111,245	0.000000	0.000000	950	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,041,305	0.000000	0.000000	7,969	62.00
65.00	06500	RESPIRATORY THERAPY	0	9,792,311	0.000000	0.000000	73,008	65.00
66.00	06600	PHYSICAL THERAPY	0	13,361,185	0.000000	0.000000	830,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,266,753	0.000000	0.000000	778,696	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,984,554	0.000000	0.000000	518,293	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,107,102	0.000000	0.000000	12,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,700,479	0.000000	0.000000	4,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,299,038	0.000000	0.000000	88,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,059,721	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	638,543	78,517,116	0.008133	0.008133	635,429	73.00
74.00	07400	RENAL DIALYSIS	0	1,593,608	0.000000	0.000000	88,000	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,625,099	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	5,198,758	0.000000	0.000000	0	90.00
90.01	09001	DIABETES CENTER	0	140,654	0.000000	0.000000	0	90.01
90.02	09002	NEUROPSYCH	0	273,416	0.000000	0.000000	290	90.02
90.03	09003	WOUND CENTER	0	5,421,355	0.000000	0.000000	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	1,424,903	0.000000	0.000000	0	90.04
90.05	09005	VIMCARE CLINIC	0	109,320	0.000000	0.000000	0	90.05
91.00	09100	EMERGENCY	0	66,086,170	0.000000	0.000000	6,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,191,935	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,487,035	483,840,729			3,429,226	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 8:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
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	3,185	0	0	0	0	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	5,168	0	0	0	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	8,353	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 8:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2017 8:05 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,325	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,325	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)		25,803	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,337	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		38,178,543	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		38,178,543	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		38,178,543	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,301.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,759,754	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)		14,759,754	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,062,381	2,505	2,420.11	1,171	2,833,949	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,039,382	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,633,085	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)					2,308,644	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,187,064	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,495,708	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,137,377	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)					3,522	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,301.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,585,327	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 8:05 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,956,981	38,178,543	0.129837	4,585,327	595,345	90.00
91.00	Nursing School cost	0	38,178,543	0.000000	4,585,327	0	91.00
92.00	Allied health cost	0	38,178,543	0.000000	4,585,327	0	92.00
93.00	All other Medical Education	0	38,178,543	0.000000	4,585,327	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,825	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,825	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)		3,825	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)		2,288	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,461,073	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,461,073	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,461,073	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,166.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,668,472	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)		2,668,472	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 8:05 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,760,097		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,428,569		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					386,214		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					121,422		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					507,636		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,920,933		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 8:05 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	645,651	4,461,073	0.144730	0	0	90.00
91.00	Nursing School cost	0	4,461,073	0.000000	0	0	91.00
92.00	Allied health cost	0	4,461,073	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,461,073	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 8:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		20,962,602	30.00
31.00	03100	INTENSIVE CARE UNIT		5,012,692	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.381717	10,297,641	3,930,785
51.00	05100	RECOVERY ROOM	0.332889	1,046,674	348,426
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	0.034954	1,706,445	59,647
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.918700	848,316	779,348
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.253966	892,510	226,667
54.02	05404	ULTRA SOUND	0.230944	562,188	129,834
54.03	05405	MAMMOGRAPHY	0.611432	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.408019	191,340	78,070
57.00	05700	CT SCAN	0.077823	2,505,136	194,957
58.00	05800	MRI	0.100343	776,034	77,870
59.00	05900	CARDIAC CATHETERIZATION	0.243765	4,407,462	1,074,385
60.00	06000	LABORATORY	0.310984	5,301,525	1,648,689
60.01	06001	LABORATORY-PATHOLOGICAL	0.277175	236,549	65,565
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.402793	663,469	267,241
65.00	06500	RESPIRATORY THERAPY	0.400537	4,119,691	1,650,089
66.00	06600	PHYSICAL THERAPY	0.529482	1,176,056	622,700
67.00	06700	OCCUPATIONAL THERAPY	0.584886	382,406	223,664
68.00	06800	SPEECH PATHOLOGY	0.756578	123,610	93,521
69.00	06900	ELECTROCARDIOLOGY	0.105879	2,758,231	292,039
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272675	107,813	29,398
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.396598	4,729,252	1,875,612
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.575082	5,377,506	3,092,507
73.00	07300	DRUGS CHARGED TO PATIENTS	0.383415	13,377,754	5,129,232
74.00	07400	RENAL DIALYSIS	0.422601	808,000	341,462
76.00	03020	ACUPUNCTURE	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	0.413775	7,545	3,122
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0
90.00	09000	CLINIC	0.587408	25,729	15,113
90.01	09001	DIABETES CENTER	2.818263	172	485
90.02	09002	NEUROPSYCH	0.706392	2,610	1,844
90.03	09003	WOUND CENTER	0.356653	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.245980	19,720	4,851
90.05	09005	VIMCARE CLINIC	3.833626	0	0
91.00	09100	EMERGENCY	0.229306	7,772,403	1,782,259
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.449898	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		70,223,787	24,039,382
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		70,223,787	24,039,382

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 15-T112		Date/Time Prepared: 5/23/2017 8:05 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,841,044	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.381717	18,908	50.00
51.00	05100	RECOVERY ROOM	0.332889	3,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034954	3,589	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.918700	20,920	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.253966	5,268	54.01
54.02	05404	ULTRA SOUND	0.230944	16,788	54.02
54.03	05405	MAMMOGRAPHY	0.611432	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.408019	32,992	55.00
57.00	05700	CT SCAN	0.077823	48,986	57.00
58.00	05800	MRI	0.100343	13,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.243765	0	59.00
60.00	06000	LABORATORY	0.310984	218,190	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277175	950	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.402793	7,969	62.00
65.00	06500	RESPIRATORY THERAPY	0.400537	73,008	65.00
66.00	06600	PHYSICAL THERAPY	0.529482	830,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.584886	778,696	67.00
68.00	06800	SPEECH PATHOLOGY	0.756578	518,293	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105879	12,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272675	4,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.396598	88,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.575082	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.383415	635,429	73.00
74.00	07400	RENAL DIALYSIS	0.422601	88,000	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.413775	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.587408	0	90.00
90.01	09001	DIABETES CENTER	2.818263	0	90.01
90.02	09002	NEUROPSYCH	0.706392	290	90.02
90.03	09003	WOUND CENTER	0.356653	0	90.03
90.04	09004	HYPERBARIIC OXYGEN THERAPY	0.245980	0	90.04
90.05	09005	VIMCARE CLINIC	3.833626	0	90.05
91.00	09100	EMERGENCY	0.229306	6,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.449898	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,429,226	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)		3,429,226	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		21,544,621	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,467,796	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)		876,920	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)		140.38	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 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 section 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 section 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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.97	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.24	31.00
32.00	Sum of lines 30 and 31		30.21	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.14	33.00
34.00	Disproportionate share adjustment (see instructions)		1,025,589	34.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 8:05 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000223584	0.000217835	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,432,310	1,302,108	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,072,276	328,203	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,400,479		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		32,315,405		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			32,315,405	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,622,303	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			56,981	53.00
54.00	Special add-on payments for new technologies			1,036	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)			237,945	58.00
59.00	Total (sum of amounts on lines 49 through 58)			35,233,670	59.00
60.00	Primary payer payments			43,359	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			35,190,311	61.00
62.00	Deductibles billed to program beneficiaries			3,496,416	62.00
63.00	Coinurance billed to program beneficiaries			47,334	63.00
64.00	Allowable bad debts (see instructions)			322,836	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			209,843	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			202,295	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			31,856,404	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 DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			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)			8,388	70.93
70.94	HRR adjustment amount (see instructions)			-39,199	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 8:05 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	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)			31,825,593	71.00
71.01	Sequestration adjustment (see instructions)			636,512	71.01
72.00	Interim payments			30,967,355	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, 72, and 73)			221,726	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,587,474	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.9996760563	1.0020123610	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.9992	0.9971	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/23/2017 8:05 pm
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		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	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.97	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	24.24	0.00			24.24	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	30.21	0.00			24.24	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)	140.38	0.00			140.38	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	14.14	0.00			9.21	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)	5.97	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)	3.03	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	985	0			985	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	796	0			796	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	21	0			21	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,867	0			5,867	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	73	0			73	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,742	0			7,742	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	31,942	0			31,942	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)	31,942	0			31,942	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	24.24	0.00			24.24	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0112		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH Date/Time Prepared: 5/23/2017 8:05 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
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	14.14		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		14.14		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		14.14		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	
<b>DETERMINATION OF PROVIDER TYPE</b>							
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 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	9.21		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	9.21		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	9.21		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		33,341	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,800,727	2.00
3.00	PPS payments		23,317,662	3.00
4.00	Outlier payment (see instructions)		103,267	4.00
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 line 3 plus line 4 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		342,593	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		33,341	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		87,576	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)		87,576	14.00
<b>Customary charges</b>				
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)		87,576	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,235	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 (line 11 minus line 20) (for CAH see instructions)		33,341	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, 8 and 9)		23,763,522	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,676,302	25.00
26.00	Deductibles and Coinsurance 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)		19,120,561	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)		19,120,561	30.00
31.00	Primary payer payments		4,912	31.00
32.00	Subtotal (line 30 minus line 31)		19,115,649	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		582,672	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		378,737	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		438,673	36.00
37.00	Subtotal (see instructions)		19,494,386	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
39.98	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)		19,494,386	40.00
40.01	Sequestration adjustment (see instructions)		389,888	40.01
41.00	Interim payments		19,032,890	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		71,608	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		519,673	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		30,886,055		18,951,090	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	08/03/2016	81,300	08/03/2016	81,800	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)		81,300		81,800	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)		30,967,355		19,032,890	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		221,726		71,608	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		31,189,081		19,104,498	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 01/01/2016  
To 12/31/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2017 8:05 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,078,547		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,078,547		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		3,817		0	6.02
7.00	Total Medicare program liability (see instructions)		4,074,730		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		8,595	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		12,508	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,933	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		28,308	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		570,793,676	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		9,738,930	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		484,039	8.00
9.00	Sequestration adjustment amount (see instructions)		9,681	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		474,358	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		491,849	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-17,491	32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,558,535 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0303 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			81,846 3.00
4.00	Outlier Payments			549,183 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)			10.450820 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)			4,189,564 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)			4,189,564 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,189,564 19.00
20.00	Deductibles			20,580 20.00
21.00	Subtotal (line 19 minus line 20)			4,168,984 21.00
22.00	Coinsurance			20,286 22.00
23.00	Subtotal (line 21 minus line 22)			4,148,698 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,288 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			837 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,288 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,149,535 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)			8,353 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	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,157,888 32.00
32.01	Sequestration adjustment (see instructions)			83,158 32.01
33.00	Interim payments			4,078,547 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, 33, and 34)			-3,817 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			17,007 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			549,183 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 01/01/2016  
To 12/31/2016

Worksheet G

Date/Time Prepared:  
5/23/2017 8:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	17,738,687	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	62,879,482	0	0	0	4.00
5.00	Other receivable	18,564,029	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,188,823	0	0	0	6.00
7.00	Inventory	3,310,526	0	0	0	7.00
8.00	Prepaid expenses	3,542,638	0	0	0	8.00
9.00	Other current assets	377,608	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)	77,224,147	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,373,066	0	0	0	12.00
13.00	Land improvements	21,508,964	0	0	0	13.00
14.00	Accumulated depreciation	-11,858,183	0	0	0	14.00
15.00	Buildings	206,819,753	0	0	0	15.00
16.00	Accumulated depreciation	-122,843,426	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	9,241,834	0	0	0	19.00
20.00	Accumulated depreciation	-6,149,212	0	0	0	20.00
21.00	Automobiles and trucks	1,935,011	0	0	0	21.00
22.00	Accumulated depreciation	-1,409,576	0	0	0	22.00
23.00	Major movable equipment	135,355,509	0	0	0	23.00
24.00	Accumulated depreciation	-101,856,823	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)	133,116,917	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,199,262	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	187,557,948	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	188,757,210	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	399,098,274	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,213,362	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,616,865	0	0	0	38.00
39.00	Payroll taxes payable	1,017,184	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,770,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,325,907	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,943,318	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	61,965,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,442,079	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	63,407,079	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	96,350,397	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	302,747,877				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)	302,747,877	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	399,098,274	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet G-1

Date/Time Prepared:  
5/23/2017 8:05 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		287,843,273		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,904,604			2.00
3.00	Total (sum of line 1 and line 2)		302,747,877		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		302,747,877		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		302,747,877		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/23/2017 8:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	55,679,192		55,679,192	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,430,471		6,430,471	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)	62,109,663		62,109,663	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,454,297		10,454,297	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)	10,454,297		10,454,297	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	72,563,960		72,563,960	17.00
18.00	Ancillary services	134,413,202	284,830,375	419,243,577	18.00
19.00	Outpatient services	13,779,731	52,306,439	66,086,170	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	11,090,733	11,090,733	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	3,298,254	0	3,298,254	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	224,055,147	348,227,547	572,282,694	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		238,022,134		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	10,748,226			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		10,748,226		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)		248,770,360		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0112

Period:  
From 01/01/2016  
To 12/31/2016

Worksheet G-3

Date/Time Prepared:  
5/23/2017 8:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	572,282,694	1.00
2.00	Less contractual allowances and discounts on patients' accounts	306,529,501	2.00
3.00	Net patient revenues (line 1 minus line 2)	265,753,193	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	248,770,360	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,982,833	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	95,517	6.00
7.00	Income from investments	5,207,156	7.00
8.00	Revenues from telephone and other miscellaneous communication services	3,900	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	96,388	10.00
11.00	Rebates and refunds of expenses	55,260	11.00
12.00	Parking lot receipts	175	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	969,866	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	41,365	17.00
18.00	Revenue from sale of medical records and abstracts	19,246	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	20,495	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	170	21.00
22.00	Rental of hospital space	136,541	22.00
23.00	Governmental appropriations	403,255	23.00
24.00	UNREALIZED INVESTMENT GAINS (LOSSES)	3,459,629	24.00
24.01	WELLNESS REVENUE	192,342	24.01
24.02	JOINT VENTURES	-155,918	24.02
24.03	EHR REVENUE	996,838	24.03
24.04	EAP REVENUE	23,458	24.04
24.05	OTHER OPERATING REVENUE	862,055	24.05
25.00	Total other income (sum of lines 6-24)	12,427,738	25.00
26.00	Total (line 5 plus line 25)	29,410,571	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	85,128	27.00
27.01	OTHER NON OPERATING EXPENSES	2,011,981	27.01
27.02	EQUITY TRANSFERS	12,408,858	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	14,505,967	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,904,604	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/23/2017 8:05 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,332,533	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		142,587	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)		77.34	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)		5.97	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.24	8.00
9.00	Sum of lines 7 and 8		30.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.31	10.00
11.00	Disproportionate share adjustment (see instructions)		147,183	11.00
12.00	Total prospective capital payments (see instructions)		2,622,303	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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