

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet S Parts I-III Date/Time Prepared: 9/16/2015 9:07 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 9/16/2015 Time: 9:07 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 06101 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY 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 PINCKNEYVILLE COMMUNITY HOSPITAL (141307) for the cost reporting period beginning 05/01/2014 and ending 04/30/2015 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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-263,008	125,571	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	-109,087	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	-12,324	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	-372,095	113,247	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307		Period: From 05/01/2014 To 04/30/2015		Worksheet S-2 Part I Date/Time Prepared: 9/16/2015 9:02 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		Date of Geogr					
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		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.					2		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 in effect in the cost reporting period.					0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for 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		XVIII		XIX			
		1.00		2.00		3.00			
		Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 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)					N			60.00
		Y/N		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet S-2
Part I
Date/Time Prepared:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 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, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet S-2 Part I Date/Time Prepared: 9/16/2015 9:02 am	
		1.00	2.00	3.00	
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, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		Y		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)		Y		106.00
107.00	Column 1: 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 would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		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.		Y		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	63,061	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	
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	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N	140.00	
		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:		
142.00	Street:	PO Box:			
143.00	City:	State:	Zip Code:		
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		N	145.00	
		1.00	2.00		
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, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307		Period: From 05/01/2014 To 04/30/2015		Worksheet S-2 Part I Date/Time Prepared: 9/16/2015 9:02 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0.00	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
							Beginning	Ending
							1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
							1.00	
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. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet S-2 Part II Date/Time Prepared: 9/16/2015 9:02 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
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.	N			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.	N			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 Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
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	08/04/2015	Y	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)	N		N	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
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet S-2 Part II Date/Time Prepared: 9/16/2015 9:02 am
	Description	Part A		Part B
		Y/N	Date	Y/N
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N
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
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			Y
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y
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.			N
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		
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.	N		
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KELLY	BETH	
42.00	Enter the employer/company name of the cost report preparer.	WI PFLI		
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-459-6738	KBETH@WI PFLI.COM	

		Part B		
		Date		
		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)	08/04/2015		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)			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.			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.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	25	9,125	34,946.00	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)		25	9,125	34,946.00	0	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)		25	9,125	34,946.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		25				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: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	928	92	1,475			1.00
2.00 HMO and other (see instructions)	170	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	799	0	799			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	405			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,727	92	2,679			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)	1,727	92	2,679	0.00	152.47	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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	5,042	3,911	17,391	0.00	28.54	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	181.01	27.00
28.00 Observation Bed Days		13	134			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			13			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: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	248	36	410	1.00
2.00 HMO and other (see instructions)				40	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							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		248	36	410	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							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-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2014 To 04/30/2015	Worksheet S-8 Date/Time Prepared: 9/16/2015 9:02 am		
			Rural Health Clinic (RHC) I	Cost		
				1.00		
1.00	Clinic Address and Identification Street		101 NORTH WALNUT STREET	1.00		
		City	State	Zip Code		
		1.00	2.00	3.00		
2.00	City, State, Zip Code, County		PINCKNEYVILLE	IL62274 2.00		
				1.00		
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0 3.00		
			Grant Award	Date		
			1.00	2.00		
Source of Federal Funds						
4.00	Community Health Center (Section 330(d), PHS Act)			0 4.00		
5.00	Migrant Health Center (Section 329(d), PHS Act)			0 5.00		
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0 6.00		
7.00	Appalachian Regional Commission			0 7.00		
8.00	Look-Alikes			0 8.00		
9.00	OTHER (SPECIFY)			0 9.00		
				1.00 2.00		
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N 0 10.00		
		Sunday		Monday	Tuesday	
		from	to	from	to	
		1.00	2.00	3.00	4.00	
11.00	Facility hours of operations (1) Clinic			08:30 19:00 08:30	11.00	
				1.00 2.00		
12.00	Have you received an approval for an exception to the productivity standard?			N 12.00		
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N 0 13.00		
			Provider name	CCN number		
			1.00	2.00		
14.00	Provider name, CCN number			14.00		
		Y/N	V	XVIII	XIX	Total Visits
		1.00	2.00	3.00	4.00	5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			N 0 0 0 0	15.00	
			County			
			4.00			
2.00	City, State, Zip Code, County			PERRY	2.00	
		Tuesday		Wednesday	Thursday	
		to	from	to	from	to
		6.00	7.00	8.00	9.00	10.00
11.00	Facility hours of operations (1) Clinic			19:00 08:30 19:00 08:30 19:00	11.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2014 To 04/30/2015	Worksheet S-8 Date/Time Prepared: 9/16/2015 9:02 am
		Rural Health Clinic (RHC) I	Cost

	Friday		Saturday			
	from	to	from	to		
	11.00	12.00	13.00	14.00		
11.00 Facility hours of operations (1) Clinic	08:30	17:00	09:00	12:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet S-10 Date/Time Prepared: 9/16/2015 9:02 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.540222	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		625,442	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		8,217	5.00	
6.00	Medicaid charges		4,345,131	6.00	
7.00	Medicaid cost (line 1 times line 6)		2,347,335	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)		1,713,676	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		284,225	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,713,676	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	325,913	121,953	447,866	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	176,065	65,882	241,947	21.00
22.00	Partial payment by patients approved for charity care	0	200	200	22.00
23.00	Cost of charity care (line 21 minus line 22)	176,065	65,682	241,747	23.00
			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)		516,516	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		182,599	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		333,917	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		180,389	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		422,136	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,135,812	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		309,981	309,981	-298,986	10,995	1.00
1.01	00101		0	0	237,683	237,683	1.01
1.02	00102		0	0	8,603	8,603	1.02
1.03	00103		0	0	78,375	78,375	1.03
1.04	00104		0	0	6,485	6,485	1.04
2.00	00200		419,712	419,712	4,917	424,629	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	66,146	2,142,360	2,208,506	0	2,208,506	4.00
5.06	00540	0	84,400	84,400	0	84,400	5.06
5.08	00590	38,111	23	38,134	0	38,134	5.08
5.09	00570	183,540	6,430	189,970	0	189,970	5.09
5.10	00580	375,486	113,858	489,344	0	489,344	5.10
5.11	00591	687,845	1,447,459	2,135,304	-32,445	2,102,859	5.11
6.00	00600	221,924	278,513	500,437	0	500,437	6.00
8.00	00800	27,231	44,784	72,015	0	72,015	8.00
9.00	00900	279,170	37,315	316,485	0	316,485	9.00
10.00	01000	292,060	120,771	412,831	-231,515	181,316	10.00
11.00	01100	0	0	0	231,515	231,515	11.00
13.00	01300	453,841	14,627	468,468	0	468,468	13.00
14.00	01400	21,074	1,369	22,443	0	22,443	14.00
15.00	01500	215,848	1,687,745	1,903,593	0	1,903,593	15.00
16.00	01600	359,051	36,019	395,070	0	395,070	16.00
17.00	01700	26,212	4,433	30,645	0	30,645	17.00
19.00	01900	0	286,205	286,205	0	286,205	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,225,252	81,900	1,307,152	207,954	1,515,106	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	114,071	186,183	300,254	-16,305	283,949	50.00
53.00	05300	0	4,540	4,540	0	4,540	53.00
54.00	05400	486,987	480,115	967,102	0	967,102	54.00
54.01	05401	220,724	318,311	539,035	0	539,035	54.01
56.00	05600	51,777	81,716	133,493	0	133,493	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	398,698	505,551	904,249	5,772	910,021	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	214,602	99,298	313,900	0	313,900	65.00
66.00	06600	481,519	22,856	504,375	0	504,375	66.00
69.00	06900	6,330	24,394	30,724	0	30,724	69.00
70.00	07000	760	1,920	2,680	0	2,680	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	16,305	16,305	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	133,487	130,694	264,181	0	264,181	76.00
76.97	07697	24,163	735	24,898	0	24,898	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	1,935,498	176,118	2,111,616	-213,726	1,897,890	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	22,103	3,780	25,883	0	25,883	90.00
90.01	09001	7,776	1,418	9,194	0	9,194	90.01
91.00	09100	454,553	1,543,665	1,998,218	0	1,998,218	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300		4,632	4,632	-4,632	0	113.00
118.00		9,025,839	10,703,830	19,729,669	0	19,729,669	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	64,393	6,146	70,539	0	70,539	192.01
192.02	19202	33,450	816,461	849,911	0	849,911	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
192.06	19206	0	0	0	0	0	192.06
200.00	15 N MAIN BUILDING						
	TOTAL (SUM OF LINES 118-199)	9,123,682	11,526,437	20,650,119	0	20,650,119	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	10,995	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	237,683	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	8,603	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	-4,632	73,743	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	6,485	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	424,629	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-35,000	2,173,506	4.00
5.06	00540	NONPATIENT TELEPHONES	0	84,400	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	0	38,134	5.08
5.09	00570	ADMINISTRATIVE	0	189,970	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	489,344	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	-471,749	1,631,110	5.11
6.00	00600	MAINTENANCE & REPAIRS	-28,328	472,109	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	72,015	8.00
9.00	00900	HOUSEKEEPING	-6	316,479	9.00
10.00	01000	DIETARY	-48,951	132,365	10.00
11.00	01100	CAFETERIA	0	231,515	11.00
13.00	01300	NURSING ADMINISTRATION	0	468,468	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-227	22,216	14.00
15.00	01500	PHARMACY	-8,388	1,895,205	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-92	394,978	16.00
17.00	01700	SOCIAL SERVICE	0	30,645	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	286,205	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-207,954	1,307,152	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-54,015	229,934	50.00
53.00	05300	ANESTHESIOLOGY	0	4,540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,572	961,530	54.00
54.01	05401	ONCOLOGY	-300,000	239,035	54.01
56.00	05600	RADIOISOTOPE	0	133,493	56.00
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	-8,944	901,077	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-16,018	297,882	65.00
66.00	06600	PHYSICAL THERAPY	-32,808	471,567	66.00
69.00	06900	ELECTROCARDIOLOGY	-10,234	20,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	264,181	76.00
76.97	07697	CARDIAC REHABILITATION	0	24,898	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-887	1,897,003	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	25,883	90.00
90.01	09001	COMMUNITY CLINIC	0	9,194	90.01
91.00	09100	EMERGENCY	-455,050	1,543,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,688,855	18,040,814	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FITNESS CENTER	0	70,539	192.01
192.02	19202	RETAIL PHARMACY	0	849,911	192.02
192.03	19203	LEASED SPACE	0	0	192.03
192.04	19204	VACANT SPACE	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	-1,688,855	18,961,264	200.00

RECLASSIFICATIONS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A-6

Date/Time Prepared:
9/16/2015 9:02 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - INTEREST						
1.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	4,632	1.00	
	TOTALS		0	4,632		
B - CAFETERIA						
1.00	CAFETERIA	11.00	163,787	67,728	1.00	
	TOTALS		163,787	67,728		
C - RHC PHYSICIAN						
1.00	ADULTS & PEDIATRICS	30.00	197,474	10,480	1.00	
	TOTALS		197,474	10,480		
D - DEPRECIATION						
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	217,371	1.00	
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	5,987	2.00	
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	69,509	3.00	
4.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	6,119	4.00	
	TOTALS		0	298,986		
E - RHC LAB						
1.00	LABORATORY	60.00	2,578	3,194	1.00	
	TOTALS		2,578	3,194		
F - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	20,312	1.00	
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	2,616	2.00	
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	4,234	3.00	
4.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	366	4.00	
5.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,917	5.00	
	TOTALS		0	32,445		
G - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,305	1.00	
	TOTALS		0	16,305		
500.00	Grand Total: Increases		363,839	433,770	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	4,632	11		1.00
	TOTALS		0	4,632			
B - CAFETERIA							
1.00	DIETARY	10.00	163,787	67,728	0		1.00
	TOTALS		163,787	67,728			
C - RHC PHYSICIAN							
1.00	RURAL HEALTH CLINIC	88.00	197,474	10,480	0		1.00
	TOTALS		197,474	10,480			
D - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	298,986	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	298,986			
E - RHC LAB							
1.00	RURAL HEALTH CLINIC	88.00	2,578	3,194	0		1.00
	TOTALS		2,578	3,194			
F - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND OTHER	5.11	0	32,445	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	12		5.00
	TOTALS		0	32,445			
G - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	16,305	0		1.00
	TOTALS		0	16,305			
500.00	Grand Total: Decreases		363,839	433,770			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
9/16/2015 9:02 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	658,227	0	0	0	1.00
2.00	Land Improvements	246,028	0	0	0	2.00
3.00	Buildings and Fixtures	5,778,565	41,670	0	41,670	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	4,685,111	114,014	0	114,014	6.00
7.00	HIT designated Assets	1,142,822	298,049	0	298,049	7.00
8.00	Subtotal (sum of lines 1-7)	12,510,753	453,733	0	453,733	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	12,510,753	453,733	0	453,733	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	658,227	0			1.00
2.00	Land Improvements	246,028	0			2.00
3.00	Buildings and Fixtures	5,820,235	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	4,642,967	0			6.00
7.00	HIT designated Assets	1,440,871	0			7.00
8.00	Subtotal (sum of lines 1-7)	12,808,328	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	12,808,328	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	309,981	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	419,712	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	729,693	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	309,981				1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0				1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0				1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	419,712				2.00
3.00	Total (sum of lines 1-2)	0	729,693				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A-7
Part III
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	5,778,565	0	5,778,565	0.461888	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0.000000	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	6,732,188	0	6,732,188	0.538112	0	2.00
3.00	Total (sum of lines 1-2)	12,510,753	0	12,510,753	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,995	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	217,371	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	5,987	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	69,509	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	6,119	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	419,712	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	729,693	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,995	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	20,312	0	0	237,683	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	2,616	0	0	8,603	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	4,234	0	0	73,743	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	366	0	0	6,485	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,917	0	0	424,629	2.00
3.00	Total (sum of lines 1-2)	0	32,445	0	0	762,138	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A-8

Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - NEW CAP REL COSTS-NEW BLDG (chapter 2)			0	NEW CAP REL COSTS-NEW BLDG	1.01		0	1.01
1.02 Investment income - NEW CAP REL COSTS-PT BLDG (chapter 2)			0	NEW CAP REL COSTS-PT BLDG	1.02		0	1.02
1.03 Investment income - NEW CAP REL COSTS-RHC BLDG (chapter 2)	B	-4,632		NEW CAP REL COSTS-RHC BLDG	1.03		11	1.03
1.04 Investment income - CAP REL COSTS-15 N MAIN BLDG (chapter 2)			0	CAP REL COSTS-15 N MAIN BLDG	1.04		0	1.04
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-8,388		PHARMACY	15.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)	B	-3,104		OTHER ADMINISTRATIVE AND OTHER	5.11		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,029,558					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0				0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-48,165		DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-83		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	-45		OTHER ADMINISTRATIVE AND OTHER	5.11		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
26.01 Depreciation - NEW CAP REL COSTS-NEW BLDG			0	NEW CAP REL COSTS-NEW BLDG	1.01		0	26.01
26.02 Depreciation - NEW CAP REL COSTS-PT BLDG			0	NEW CAP REL COSTS-PT BLDG	1.02		0	26.02
26.03 Depreciation - NEW CAP REL COSTS-RHC BLDG			0	NEW CAP REL COSTS-RHC BLDG	1.03		0	26.03

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	
26.04 Depreciation - CAP REL COSTS-15 N MAIN BLDG			0	CAP REL COSTS-15 N MAIN BLDG	1.04	0 26.04
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	NONPHYSICIAN ANESTHETISTS	19.00	0 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	*** Cost Center Deleted ***	67.00	0 30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	0 30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00	0 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 MISCELLANEOUS INCOME	B	-686	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 33.00
34.00 REBATE - IMAGING	B	-64	0	RADIOLOGY-DIAGNOSTIC	54.00	0 34.00
34.01 REBATE - LAB	B	-1,065	0	LABORATORY	60.00	0 34.01
34.02 REBATE - CENTRAL SUPPLY	B	-227	0	CENTRAL SERVICES & SUPPLY	14.00	0 34.02
34.03 REBATE - DIETARY	B	-784	0	DIETARY	10.00	0 34.03
34.04 REBATE - HOUSEKEEPING	B	-6	0	HOUSEKEEPING	9.00	0 34.04
34.05 REBATE - COMMUNICATIONS	B	-1,890	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 34.05
35.00 RENT - SPECIALTY CLINIC	B	-13,680	0	RESPIRATORY THERAPY	65.00	0 35.00
36.00 MOBILE PET SCAN RENTAL	B	-4,675	0	RADIOLOGY-DIAGNOSTIC	54.00	0 36.00
37.00 NON-ALLOWABLE LOBBYING	A	-11,564	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 37.00
37.01 NON-ALLOWABLE LOBBYING	A	-2	0	DIETARY	10.00	0 37.01
37.02 NON-ALLOWABLE LOBBYING	A	-9	0	MEDICAL RECORDS & LIBRARY	16.00	0 37.02
37.03 NON-ALLOWABLE LOBBYING	A	-15	0	OPERATING ROOM	50.00	0 37.03
37.04 NON-ALLOWABLE LOBBYING	A	-18	0	RESPIRATORY THERAPY	65.00	0 37.04
37.05 NON-ALLOWABLE LOBBYING	A	-56	0	RADIOLOGY-DIAGNOSTIC	54.00	0 37.05
37.06 NON-ALLOWABLE LOBBYING	A	-887	0	RURAL HEALTH CLINIC	88.00	0 37.06
38.00 CHAMBER OF COMMERCE DUES	A	-1,100	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 38.00
39.00 NON-ALLOWABLE ADVERTISING	B	-81,902	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 39.00
40.00 GIFTS & DONATIONS	B	-1,380	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 40.00
41.00 OTHER ENTERTAINMENT	A	-1,481	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 41.00
42.00 COMMUNITY EDUCATION	A	-18,597	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 42.00
43.00 OUTSIDE SERVICES - THERAPY	B	-32,808	0	PHYSICAL THERAPY	66.00	0 43.00
43.01 OUTSIDE SERVICES - IMAGING	B	-777	0	RADIOLOGY-DIAGNOSTIC	54.00	0 43.01
43.02 OUTSIDE SERVICES - LAB	B	-7,879	0	LABORATORY	60.00	0 43.02
44.00 VACANT SPACE	A	-28,328	0	MAINTENANCE & REPAIRS	6.00	0 44.00
45.00 PHYSICIAN RECRUITMENT	A	-35,000	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.00
46.00 LIABILITY CLAIMS	A	-350,000	0	OTHER ADMINISTRATIVE AND OTHER	5.11	0 46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,688,855				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet A-8-2

Date/Time Prepared:
9/16/2015 9:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	DR. F	102,378	102,378	0	0	0	1.00
2.00	30.00	DR. R	68,161	68,161	0	0	0	2.00
3.00	30.00	DR. B	37,415	37,415	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	54,000	54,000	0	0	0	4.00
5.00	54.01	AGGREGATE-ONCOLOGY	300,000	300,000	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	20,443	0	20,443	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	2,320	2,320	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	10,234	10,234	0	0	0	8.00
9.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	28,250	0	28,250	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	1,467,902	455,050	1,012,852	0	0	10.00
200.00			2,091,103	1,029,558	1,061,545		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. F	0	0	0	0	0	1.00
2.00	30.00	DR. R	0	0	0	0	0	2.00
3.00	30.00	DR. B	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	0	0	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. F	0	0	0	102,378		1.00
2.00	30.00	DR. R	0	0	0	68,161		2.00
3.00	30.00	DR. B	0	0	0	37,415		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	54,000		4.00
5.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	300,000		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	2,320		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	10,234		8.00
9.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	0	0	0	0		9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	455,050		10.00
200.00			0	0	0	1,029,558		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
	0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,995	10,995			1.00
1.01 00101	NEW CAP REL COSTS-NEW BLDG	237,683	0	237,683		1.01
1.02 00102	NEW CAP REL COSTS-PT BLDG	8,603	0	0	8,603	1.02
1.03 00103	NEW CAP REL COSTS-RHC BLDG	73,743	0	0	0	1.03
1.04 00104	CAP REL COSTS-15 N MAIN BLDG	6,485	0	0	0	1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP	424,629				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,173,506	0	0	0	4.00
5.06 00540	NONPATIENT TELEPHONES	84,400	0	0	0	5.06
5.08 00590	PURCHASING, RECEIVING AND STORES	38,134	225	0	0	5.08
5.09 00570	ADMINISTRATIVE	189,970	114	0	0	5.09
5.10 00580	CASHIERING/ACCOUNTS RECEIVABLE	489,344	160	0	0	5.10
5.11 00591	OTHER ADMINISTRATIVE AND OTHER	1,631,110	3,543	77,376	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	472,109	1,413	22,535	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	72,015	0	4,868	0	8.00
9.00 00900	HOUSEKEEPING	316,479	121	0	0	9.00
10.00 01000	DIETARY	132,365	0	17,962	0	10.00
11.00 01100	CAFETERIA	231,515	0	22,943	0	11.00
13.00 01300	NURSING ADMINISTRATION	468,468	189	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	22,216	248	14,691	0	14.00
15.00 01500	PHARMACY	1,895,205	0	7,445	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	394,978	256	0	0	16.00
17.00 01700	SOCIAL SERVICE	30,645	66	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	286,205	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,307,152	0	38,545	0	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	229,934	497	0	0	50.00
53.00 05300	ANESTHESIOLOGY	4,540	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	961,530	962	0	0	54.00
54.01 05401	ONCOLOGY	239,035	0	10,309	0	54.01
56.00 05600	RADIOISOTOPE	133,493	140	0	0	56.00
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	901,077	494	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	297,882	0	6,812	0	65.00
66.00 06600	PHYSICAL THERAPY	471,567	0	3,601	8,603	66.00
69.00 06900	ELECTROCARDIOLOGY	20,490	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,680	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	16,305	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	264,181	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	24,898	0	5,606	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	1,897,003	0	0	0	36,871
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	25,883	296	0	0	0
90.01 09001	COUMADIN CLINIC	9,194	0	0	0	0
91.00 09100	EMERGENCY	1,543,168	324	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,040,814	9,048	232,693	8,603	73,743
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,990	0	0
192.01 19201	FITNESS CENTER	70,539	0	0	0	0
192.02 19202	RETAIL PHARMACY	849,911	0	0	0	0
192.03 19203	LEASED SPACE	0	325	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG		
		0	1.00	1.01	1.02	1.03		
192.04	19204	VACANT SPACE	0	1,622	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	18,961,264	10,995	237,683	8,603	73,743	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
			15 N MAIN BLDG	MVBLE EQUIP				
			1.04	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	6,485					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		424,629				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,173,506			4.00
5.06	00540	NONPATIENT TELEPHONES	0	0	0	84,400		5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	0	0	9,145	499	48,003	5.08
5.09	00570	ADMITTING	0	0	44,044	1,498	403	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	90,104	5,493	1,206	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	3,242	120,492	165,060	11,486	2,107	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	3,906	53,254	1,498	493	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,307	6,535	0	63	8.00
9.00	00900	HOUSEKEEPING	0	0	66,992	1,498	1,791	9.00
10.00	01000	DIETARY	0	4,127	30,781	1,998	1,090	10.00
11.00	01100	CAFETERIA	0	518	39,303	499	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	108,907	1,998	339	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,057	499	86	14.00
15.00	01500	PHARMACY	0	12,605	51,796	1,998	1,037	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,657	86,160	3,496	251	16.00
17.00	01700	SOCIAL SERVICE	0	0	6,290	499	2	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	45,099	341,407	3,995	4,163	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,596	27,373	1,998	2,320	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,247	116,861	5,993	2,664	54.00
54.01	05401	ONCOLOGY	0	2,345	52,966	1,498	1,072	54.01
56.00	05600	RADIOISOTOPE	0	0	12,425	0	2,885	56.00
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	45,715	96,293	2,996	15,557	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	7,300	51,497	4,495	896	65.00
66.00	06600	PHYSICAL THERAPY	0	2,060	115,549	3,496	321	66.00
69.00	06900	ELECTROCARDIOLOGY	0	11,462	1,519	0	23	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	182	0	63	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
76.00	03950	SENIOR LIFE SOLUTIONS	3,243	1,452	32,032	1,998	148	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,277	5,798	0	16	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	40,670	416,449	19,978	5,455	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	5,304	0	218	90.00
90.01	09001	COUMADIN CLINIC	0	0	1,866	0	22	90.01
91.00	09100	EMERGENCY	0	19,083	109,078	4,495	3,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
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)	6,485	423,918	2,150,027	83,901	47,981	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	711	15,452	499	22	192.01
192.02	19202	RETAIL PHARMACY	0	0	8,027	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES		
		15 N MAIN BLDG	MVBLE EQUIP					
		1.04	2.00					
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	6,485	424,629	2,173,506	84,400	48,003	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period: From 05/01/2014 To 04/30/2015

Worksheet B Part I Date/Time Prepared: 9/16/2015 9:02 am

Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND OTHER	MAINTENANCE & REPAIRS	
		5.09	5.10	5A.10	5.11	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.06	00540	NONPATIENT TELEPHONES					5.06
5.08	00590	PURCHASING, RECEIVING AND STORES					5.08
5.09	00570	ADMINISTRATIVE	236,029				5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	593,883			5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	0	0	2,043,712	2,043,712	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	555,208	67,071	622,279
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	84,788	10,243	7,389
9.00	00900	HOUSEKEEPING	0	0	386,881	46,737	5,545
10.00	01000	DIETARY	0	0	188,323	22,750	27,265
11.00	01100	CAFETERIA	0	0	294,778	35,610	34,825
13.00	01300	NURSING ADMINISTRATION	0	0	579,901	70,054	8,693
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	42,797	5,170	33,719
15.00	01500	PHARMACY	0	0	1,970,086	237,994	11,301
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	490,798	59,290	11,802
17.00	01700	SOCIAL SERVICE	0	0	37,502	4,530	3,056
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	286,205	34,575	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,997	28,861	1,849,219	223,393	58,507
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	148	13,574	299,440	36,174	22,879
53.00	05300	ANESTHESIOLOGY	116	8,612	13,418	1,621	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,613	142,203	1,330,073	160,678	44,269
54.01	05401	ONCOLOGY	148	6,614	313,987	37,931	15,648
56.00	05600	RADIOISOTOPE	2,223	10,704	161,870	19,555	6,454
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	36,570	114,240	1,212,942	146,528	22,734
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	22,200	18,070	409,152	49,427	10,339
66.00	06600	PHYSICAL THERAPY	22,617	40,713	668,527	80,761	108,571
69.00	06900	ELECTROCARDIOLOGY	1,045	4,874	39,413	4,761	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15	70	3,010	364	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16,305	1,970	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,603	113,040	152,643	18,440	0
76.00	03950	SENIOR LIFE SOLUTIONS	0	14,063	317,117	38,309	0
76.97	07697	CARDIAC REHABILITATION	0	1,881	41,476	5,010	8,509
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	41,930	2,458,356	296,984	129,748
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	911	32,612	3,940	13,606
90.01	09001	COUMADIN CLINIC	0	0	11,082	1,339	0
91.00	09100	EMERGENCY	4,734	33,523	1,717,545	207,486	14,910
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	236,029	593,883	18,009,166	1,928,695	599,769
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,990	603	7,574
192.01	19201	FITNESS CENTER	0	0	87,223	10,537	0
192.02	19202	RETAIL PHARMACY	0	0	857,938	103,642	0
192.03	19203	LEASED SPACE	0	0	325	39	14,936
192.04	19204	VACANT SPACE	0	0	1,622	196	0
192.05	19205	MEALS ON WHEELS	0	0	0	0	0
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

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Cost Center Description		ADM ITTING	CASHI ERING/ACC OUNTS RECEI VABLE	Subtotal	OTHER ADM INI STRATI VE AND OTHER	MAI NTENANCE & REPAI RS	
		5.09	5.10	5A.10	5.11	6.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	236,029	593,883	18,961,264	2,043,712	622,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01	
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03	
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.06	00540	NONPATIENT TELEPHONES					5.06	
5.08	00590	PURCHASING, RECEIVING AND STORES					5.08	
5.09	00570	ADMITTING					5.09	
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.10	
5.11	00591	OTHER ADMINISTRATIVE AND OTHER					5.11	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	102,420				8.00	
9.00	00900	HOUSEKEEPING	20,249	459,412			9.00	
10.00	01000	DIETARY	4,192	33,511	276,041		10.00	
11.00	01100	CAFETERIA	0	0	160,456	525,669	11.00	
13.00	01300	NURSING ADMINISTRATION	0	2,806	0	23,829	685,283	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,127	0	3,566	0	14.00
15.00	01500	PHARMACY	0	7,263	0	14,054	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,622	0	45,896	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,188	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,062	144,610	96,138	110,210	452,954	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,492	26,578	912	9,104	37,153	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,520	27,568	0	36,918	0	54.00
54.01	05401	ONCOLOGY	0	10,070	3,427	13,593	57,785	54.01
56.00	05600	RADIOISOTOPE	0	0	0	3,608	0	56.00
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	591	23,276	0	38,345	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	525	21,130	0	13,886	0	65.00
66.00	06600	PHYSICAL THERAPY	4,814	32,355	0	34,024	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	713	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	42	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	7,263	15,108	10,782	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	7,098	0	1,594	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	64,215	0	119,734	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	1,301	5,636	90.00
90.01	09001	COUMADIN CLINIC	0	0	0	294	0	90.01
91.00	09100	EMERGENCY	15,430	42,920	0	31,758	131,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
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)	100,875	459,412	276,041	516,439	685,283	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	1,545	0	0	7,300	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	1,930	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
202.00 TOTAL (sum lines 118-201)	102,420	459,412	276,041	525,669	685,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMINITTING						5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	89,379					14.00
15.00	01500	PHARMACY	4,392	2,245,090				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	612,408			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	48,276		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	320,780	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,623	0	194,412	47,006		30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,822	0	6,342	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	320,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,278	0	14,857	0	0	54.00
54.01	05401	ONCOLOGY	4,539	0	105,813	1,270	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,794	0	13,951	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,359	0	0	1,000	0	66.00
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	2,245,090	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	23,093	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	COUMADIN CLINIC	92	0	0	0	0	90.01
91.00	09100	EMERGENCY	13,294	0	277,033	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
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)	89,286	2,245,090	612,408	48,276	320,780	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	93	0	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	89,379	2,245,090	612,408	48,276	320,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
2.00	00200				2.00
4.00	00400				4.00
5.06	00540				5.06
5.08	00590				5.08
5.09	00570				5.09
5.10	00580				5.10
5.11	00591				5.11
6.00	00600				6.00
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
19.00	01900				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,239,134	0	3,239,134	30.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	449,896	0	449,896	50.00
53.00	05300	335,819	0	335,819	53.00
54.00	05400	1,634,161	0	1,634,161	54.00
54.01	05401	564,063	0	564,063	54.01
56.00	05600	191,487	0	191,487	56.00
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	1,444,416	0	1,444,416	60.00
60.01	06001	0	0	0	60.01
65.00	06500	522,204	0	522,204	65.00
66.00	06600	930,411	0	930,411	66.00
69.00	06900	44,887	0	44,887	69.00
70.00	07000	3,416	0	3,416	70.00
71.00	07100	0	0	0	71.00
72.00	07200	18,275	0	18,275	72.00
73.00	07300	2,416,173	0	2,416,173	73.00
76.00	03950	388,579	0	388,579	76.00
76.97	07697	63,687	0	63,687	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	3,092,130	0	3,092,130	88.00
89.00	08900	0	0	0	89.00
90.00	09000	57,095	0	57,095	90.00
90.01	09001	12,807	0	12,807	90.01
91.00	09100	2,452,131	0	2,452,131	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
118.00		17,860,771	0	17,860,771	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	13,167	0	13,167	192.00
192.01	19201	106,698	0	106,698	192.01
192.02	19202	963,510	0	963,510	192.02
192.03	19203	15,300	0	15,300	192.03
192.04	19204	1,818	0	1,818	192.04
192.05	19205	0	0	0	192.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.06	19206	15 N MAIN BUILDING	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,961,264	0	18,961,264	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02 00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03 00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04 00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.06 00540	NONPATIENT TELEPHONES	0	0	0	0	5.06
5.08 00590	PURCHASING, RECEIVING AND STORES	0	225	0	0	5.08
5.09 00570	ADMINISTRATIVE	0	114	0	0	5.09
5.10 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	160	0	0	5.10
5.11 00591	OTHER ADMINISTRATIVE AND OTHER	0	3,543	77,376	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	0	1,413	22,535	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	4,868	0	8.00
9.00 00900	HOUSEKEEPING	0	121	0	0	9.00
10.00 01000	DIETARY	0	0	17,962	0	10.00
11.00 01100	CAFETERIA	0	0	22,943	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	189	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	248	14,691	0	14.00
15.00 01500	PHARMACY	0	0	7,445	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	256	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	66	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	38,545	0	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	497	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	962	0	0	54.00
54.01 05401	ONCOLOGY	0	0	10,309	0	54.01
56.00 05600	RADIOISOTOPE	0	140	0	0	56.00
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	494	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	6,812	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	3,601	8,603	66.00
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	0	0	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	5,606	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	296	0	0	90.00
90.01 09001	COUMADIN CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	324	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,048	232,693	8,603	73,743
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,990	0	192.00
192.01 19201	FITNESS CENTER	0	0	0	0	192.01
192.02 19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03 19203	LEASED SPACE	0	325	0	0	192.03
192.04 19204	VACANT SPACE	0	1,622	0	0	192.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		1.00	1.01	1.02	1.03	
192.05 19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06 19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	0	10,995	237,683	8,603	73,743	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
	15 N MAIN BLDG	MVBLE EQUIP				
	1.04	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02 00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03 00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04 00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.06 00540	NONPATIENT TELEPHONES	0	0	0	0	5.06
5.08 00590	PURCHASING, RECEIVING AND STORES	0	0	225	0	5.08
5.09 00570	ADMITTING	0	0	114	0	5.09
5.10 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	7,736	0	5.10
5.11 00591	OTHER ADMINISTRATIVE AND OTHER	3,242	120,492	233,949	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	0	3,906	27,854	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,307	6,175	0	8.00
9.00 00900	HOUSEKEEPING	0	0	121	0	9.00
10.00 01000	DIETARY	0	4,127	22,089	0	10.00
11.00 01100	CAFETERIA	0	518	23,461	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	189	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	14,939	0	14.00
15.00 01500	PHARMACY	0	12,605	20,050	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	5,657	5,913	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	66	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	45,099	83,644	0	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	23,596	24,093	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	73,247	74,209	0	54.00
54.01 05401	ONCOLOGY	0	2,345	12,654	0	54.01
56.00 05600	RADIOISOTOPE	0	0	140	0	56.00
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	45,715	46,209	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	7,300	14,112	0	65.00
66.00 06600	PHYSICAL THERAPY	0	2,060	14,264	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	11,462	11,462	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	0	0	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	3,243	1,452	4,695	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	3,277	8,883	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	40,670	77,541	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	296	0	90.00
90.01 09001	COUMADIN CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	19,083	19,407	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,485	423,918	754,490	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,990	0	192.00
192.01 19201	FITNESS CENTER	0	711	711	0	192.01
192.02 19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03 19203	LEASED SPACE	0	0	325	0	192.03
192.04 19204	VACANT SPACE	0	0	1,622	0	192.04
192.05 19205	MEALS ON WHEELS	0	0	0	0	192.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		15 N MAIN BLDG	MVBLE EQUIP					
		1.04	2.00					2A
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,485	424,629	762,138	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND OTHER	MAINTENANCE & REPAIRS	
			5.08	5.09	5.10	5.11	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	225					5.08
5.09	00570	ADMINITTING	2	116				5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	6	0	7,742			5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	10	0	0	233,959		5.11
6.00	00600	MAINTENANCE & REPAIRS	2	0	0	7,678	35,534	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,173	422	8.00
9.00	00900	HOUSEKEEPING	8	0	0	5,350	317	9.00
10.00	01000	DIETARY	5	0	0	2,604	1,557	10.00
11.00	01100	CAFETERIA	0	0	0	4,076	1,989	11.00
13.00	01300	NURSING ADMINISTRATION	2	0	0	8,019	496	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	592	1,925	14.00
15.00	01500	PHARMACY	5	0	0	27,244	645	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	0	6,787	674	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	519	174	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	3,958	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20	39	376	25,573	3,341	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11	0	177	4,141	1,306	50.00
53.00	05300	ANESTHESIOLOGY	1	0	112	186	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13	13	1,861	18,394	2,528	54.00
54.01	05401	ONCOLOGY	5	0	86	4,342	894	54.01
56.00	05600	RADIOISOTOPE	14	1	139	2,239	369	56.00
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	71	18	1,488	16,774	1,298	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4	11	235	5,658	590	65.00
66.00	06600	PHYSICAL THERAPY	2	11	530	9,245	6,200	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1	63	545	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1	42	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	225	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20	1,472	2,111	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	1	0	183	4,385	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	24	574	486	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	26	0	546	34,004	7,410	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1	0	12	451	777	90.00
90.01	09001	COUMADIN CLINIC	0	0	0	153	0	90.01
91.00	09100	EMERGENCY	15	2	437	23,752	851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
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)	225	116	7,742	220,794	34,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	69	432	192.00
192.01	19201	FITNESS CENTER	0	0	0	1,206	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	11,864	0	192.02
192.03	19203	LEASED SPACE	0	0	0	4	853	192.03
192.04	19204	VACANT SPACE	0	0	0	22	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND OTHER	MAINTENANCE & REPAIRS	
		5.08	5.09	5.10	5.11	6.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	225	116	7,742	233,959	35,534	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.06	00540	NONPATIENT TELEPHONES					5.06
5.08	00590	PURCHASING, RECEIVING AND STORES					5.08
5.09	00570	ADMITTING					5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,770				8.00
9.00	00900	HOUSEKEEPING	1,536	7,332			9.00
10.00	01000	DIETARY	318	535	27,108		10.00
11.00	01100	CAFETERIA	0	0	15,756	45,282	11.00
13.00	01300	NURSING ADMINISTRATION	0	45	0	2,053	10,804
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66	0	307	0
15.00	01500	PHARMACY	0	116	0	1,211	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	74	0	3,954	0
17.00	01700	SOCIAL SERVICE	0	0	0	275	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,419	2,308	9,441	9,494	7,141
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	113	424	90	784	586
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	646	440	0	3,180	0
54.01	05401	ONCOLOGY	0	161	337	1,171	911
56.00	05600	RADIOISOTOPE	0	0	0	311	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	45	371	0	3,303	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	40	337	0	1,196	0
66.00	06600	PHYSICAL THERAPY	365	516	0	2,931	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	61	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4	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	0	0	0
76.00	03950	SENIOR LIFE SOLUTIONS	0	116	1,484	929	0
76.97	07697	CARDIAC REHABILITATION	0	113	0	137	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,025	0	10,313	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	112	89
90.01	09001	COUMADIN CLINIC	0	0	0	25	0
91.00	09100	EMERGENCY	1,171	685	0	2,736	2,077
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,653	7,332	27,108	44,487	10,804
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FITNESS CENTER	117	0	0	629	0
192.02	19202	RETAIL PHARMACY	0	0	0	166	0
192.03	19203	LEASED SPACE	0	0	0	0	0
192.04	19204	VACANT SPACE	0	0	0	0	0
192.05	19205	MEALS ON WHEELS	0	0	0	0	0
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141307			Period: From 05/01/2014 To 04/30/2015		Worksheet B Part II Date/Time Prepared: 9/16/2015 9:02 am	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
202.00	TOTAL (sum lines 118-201)	8.00 7,770	9.00 7,332	10.00 27,108	11.00 45,282	13.00 10,804		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMINITTING						5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	17,829					14.00
15.00	01500	PHARMACY	876	50,147				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	17,403			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,034		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	3,958	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,515	0	5,525	1,007		30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,959	0	180	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,250	0	422	0		54.00
54.01	05401	ONCOLOGY	905	0	3,007	27		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
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	BLOOD LABORATORY	0	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	757	0	396	0		65.00
66.00	06600	PHYSICAL THERAPY	271	0	0	0		66.00
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	50,147	0	0		73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,608	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	COUMADIN CLINIC	18	0	0	0		90.01
91.00	09100	EMERGENCY	2,652	0	7,873	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
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)	17,811	50,147	17,403	1,034	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	FITNESS CENTER	18	0	0	0		192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0		192.02
192.03	19203	LEASED SPACE	0	0	0	0		192.03
192.04	19204	VACANT SPACE	0	0	0	0		192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0		192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0		192.06
200.00		Cross Foot Adjustments					3,958	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	17,829	50,147	17,403	1,034	3,958	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG				1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG				1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG				1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.06	00540	NONPATIENT TELEPHONES				5.06
5.08	00590	PURCHASING, RECEIVING AND STORES				5.08
5.09	00570	ADMITTING				5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER				5.11
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	154,843	0	154,843	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,864	0	33,864	50.00
53.00	05300	ANESTHESIOLOGY	299	0	299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,956	0	103,956	54.00
54.01	05401	ONCOLOGY	24,500	0	24,500	54.01
56.00	05600	RADIOISOTOPE	3,213	0	3,213	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	69,577	0	69,577	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	23,336	0	23,336	65.00
66.00	06600	PHYSICAL THERAPY	34,335	0	34,335	66.00
69.00	06900	ELECTROCARDIOLOGY	12,132	0	12,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47	0	47	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	225	0	225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,750	0	53,750	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	11,793	0	11,793	76.00
76.97	07697	CARDIAC REHABILITATION	10,217	0	10,217	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	135,473	0	135,473	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	1,738	0	1,738	90.00
90.01	09001	COUMADIN CLINIC	196	0	196	90.01
91.00	09100	EMERGENCY	61,658	0	61,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	735,152	0	735,152	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,491	0	5,491	192.00
192.01	19201	FITNESS CENTER	2,681	0	2,681	192.01
192.02	19202	RETAIL PHARMACY	12,030	0	12,030	192.02
192.03	19203	LEASED SPACE	1,182	0	1,182	192.03
192.04	19204	VACANT SPACE	1,644	0	1,644	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	192.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
192.06	19206 15 N MAIN BUILDING	0	0	0	192.06
200.00	Cross Foot Adjustments	3,958	0	3,958	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	762,138	0	762,138	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		CAPITAL RELATED COSTS					15 N MAIN BLDG (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)			
		1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	38,413					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	27,391				1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	0	7,828			1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	0	0	0	19,702		1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	3,360	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.06	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	787	0	0	0	0	5.08
5.09	00570	ADMINISTRATIVE	400	0	0	0	0	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	560	0	0	2,024	0	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	12,374	8,917	0	7,827	1,680	5.11
6.00	00600	MAINTENANCE & REPAIRS	4,937	2,597	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	561	0	0	0	8.00
9.00	00900	HOUSEKEEPING	421	0	0	0	0	9.00
10.00	01000	DIETARY	0	2,070	0	0	0	10.00
11.00	01100	CAFETERIA	0	2,644	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	660	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	867	1,693	0	0	0	14.00
15.00	01500	PHARMACY	0	858	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	896	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	232	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,442	0	0	0	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,737	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,361	0	0	0	0	54.00
54.01	05401	ONCOLOGY	0	1,188	0	0	0	54.01
56.00	05600	RADIOISOTOPE	490	0	0	0	0	56.00
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	1,726	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	785	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	415	7,828	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	1,680	76.00
76.97	07697	CARDIAC REHABILITATION	0	646	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	9,851	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,033	0	0	0	0	90.00
90.01	09001	COUMADIN CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,132	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
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)	31,613	26,816	7,828	19,702	3,360	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	575	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	1,134	0	0	0	0	192.03
192.04	19204	VACANT SPACE	5,666	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1

Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	15 N MAIN BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	10,995	237,683	8,603	73,743	6,485	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.286231	8.677412	1.099004	3.742920	1.930060	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIE)	ADMITTING (GROSS I/P CHARGES)		
	MVBLE EQUIP (DEPRECIATI I ON)						
	2.00	4.00	5.06	5.08	5.09		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01 00101	NEW CAP REL COSTS-NEW BLDG					1.01	
1.02 00102	NEW CAP REL COSTS-PT BLDG					1.02	
1.03 00103	NEW CAP REL COSTS-RHC BLDG					1.03	
1.04 00104	CAP REL COSTS-15 N MAIN BLDG					1.04	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	419,714				2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,057,536			4.00	
5.06 00540	NONPATIENT TELEPHONES	0	0	169		5.06	
5.08 00590	PURCHASING, RECEIVING AND STORES	0	38,111	1	766,437	5.08	
5.09 00570	ADMITTING	0	183,540	3	6,430	4,658,708	5.09
5.10 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	375,486	11	19,263	0	5.10
5.11 00591	OTHER ADMINISTRATIVE AND OTHER	119,097	687,845	23	33,636	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	3,861	221,924	3	7,871	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,292	27,231	0	1,003	0	8.00
9.00 00900	HOUSEKEEPING	0	279,170	3	28,602	0	9.00
10.00 01000	DIETARY	4,079	128,273	4	17,400	0	10.00
11.00 01100	CAFETERIA	512	163,787	1	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	453,841	4	5,413	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	21,074	1	1,369	0	14.00
15.00 01500	PHARMACY	12,459	215,848	4	16,564	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,592	359,051	7	4,014	0	16.00
17.00 01700	SOCIAL SERVICE	0	26,212	1	24	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	44,577	1,422,726	8	66,467	1,578,976	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	23,323	114,071	4	37,044	2,915	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	2,387	2,297	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	72,399	486,987	12	42,535	525,281	54.00
54.01 05401	ONCOLOGY	2,318	220,724	3	17,120	2,919	54.01
56.00 05600	RADIOISOTOPE	0	51,777	0	46,065	43,884	56.00
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	45,186	401,276	6	248,387	721,812	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	7,216	214,602	9	14,309	438,185	65.00
66.00 06600	PHYSICAL THERAPY	2,036	481,519	7	5,126	446,410	66.00
69.00 06900	ELECTROCARDIOLOGY	11,329	6,330	0	364	20,622	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	760	0	1,010	294	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	781,671	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	1,435	133,487	4	2,363	0	76.00
76.97 07697	CARDIAC REHABILITATION	3,239	24,163	0	260	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	40,199	1,735,446	40	87,095	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	22,103	0	3,480	0	90.00
90.01 09001	COUMADIN CLINIC	0	7,776	0	348	0	90.01
91.00 09100	EMERGENCY	18,862	454,553	9	50,139	93,442	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
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)	419,011	8,959,693	168	766,088	4,658,708	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	FITNESS CENTER	703	64,393	1	349	0	192.01
192.02 19202	RETAIL PHARMACY	0	33,450	0	0	0	192.02
192.03 19203	LEASED SPACE	0	0	0	0	0	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1

Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIE)	ADMITTING (GROSS I/P CHARGES)	
	MVBLE EQUIP (DEPRECIATI I ION)						
	2.00		4.00	5.06	5.08	5.09	
192.04 19204 VACANT SPACE	0		0	0	0	0	192.04
192.05 19205 MEALS ON WHEELS	0		0	0	0	0	192.05
192.06 19206 15 N MAIN BUILDING	0		0	0	0	0	192.06
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)	424,629		2,173,506	84,400	48,003	236,029	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.011710		0.239967	499.408284	0.062631	0.050664	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	0	225	116	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000294	0.000025	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	
			5.10	5A.11	5.11	6.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMINISTRATIVE						5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	32,491,679					5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	0	-2,043,712	16,917,552			5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	555,208	47,245		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	84,788	561	23,404	8.00
9.00	00900	HOUSEKEEPING	0	0	386,881	421	4,627	9.00
10.00	01000	DIETARY	0	0	188,323	2,070	958	10.00
11.00	01100	CAFETERIA	0	0	294,778	2,644	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	579,901	660	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	42,797	2,560	0	14.00
15.00	01500	PHARMACY	0	0	1,970,086	858	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	490,798	896	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	37,502	232	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	286,205	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,578,976	0	1,849,219	4,442	10,297	30.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	742,616	0	299,440	1,737	341	50.00
53.00	05300	ANESTHESIOLOGY	471,182	0	13,418	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,780,042	0	1,330,073	3,361	1,947	54.00
54.01	05401	ONCOLOGY	361,853	0	313,987	1,188	0	54.01
56.00	05600	RADIOISOTOPE	585,631	0	161,870	490	0	56.00
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	6,250,132	0	1,212,942	1,726	135	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	988,594	0	409,152	785	120	65.00
66.00	06600	PHYSICAL THERAPY	2,227,416	0	668,527	8,243	1,100	66.00
69.00	06900	ELECTROCARDIOLOGY	266,667	0	39,413	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,822	0	3,010	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	16,305	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,184,503	0	152,643	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	769,388	0	317,117	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	102,933	0	41,476	646	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,294,010	0	2,458,356	9,851	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	49,834	0	32,612	1,033	0	90.00
90.01	09001	COUMADIN CLINIC	0	0	11,082	0	0	90.01
91.00	09100	EMERGENCY	1,834,080	0	1,717,545	1,132	3,526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
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)	32,491,679	-2,043,712	15,965,454	45,536	23,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,990	575	0	192.00
192.01	19201	FITNESS CENTER	0	0	87,223	0	353	192.01
192.02	19202	RETAIL PHARMACY	0	0	857,938	0	0	192.02
192.03	19203	LEASED SPACE	0	0	325	1,134	0	192.03
192.04	19204	VACANT SPACE	0	0	1,622	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1

Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	
			5.10	5A.11	5.11	6.00	8.00	
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	593,883		2,043,712	622,279	102,420	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.018278		0.120804	13.171320	4.376175	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,742		233,959	35,534	7,770	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000238		0.013829	0.752122	0.331995	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMITTING						5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,783					9.00
10.00	01000	DIETARY	203	49,935				10.00
11.00	01100	CAFETERIA	0	29,026	12,530			11.00
13.00	01300	NURSING ADMINISTRATION	17	0	568	77,820		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25	0	85	0	337,096	14.00
15.00	01500	PHARMACY	44	0	335	0	16,564	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28	0	1,094	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	76	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	876	17,391	2,627	51,437	66,467	30.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	161	165	217	4,219	37,044	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	167	0	880	0	42,535	54.00
54.01	05401	ONCOLOGY	61	620	324	6,562	17,120	54.01
56.00	05600	RADIOISOTOPE	0	0	86	0	0	56.00
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	141	0	914	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	128	0	331	0	14,309	65.00
66.00	06600	PHYSICAL THERAPY	196	0	811	0	5,126	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	17	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	44	2,733	257	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	43	0	38	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	389	0	2,854	0	87,095	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	31	640	0	90.00
90.01	09001	COUMADIN CLINIC	0	0	7	0	348	90.01
91.00	09100	EMERGENCY	260	0	757	14,962	50,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
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)	2,783	49,935	12,310	77,820	336,747	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	174	0	349	192.01
192.02	19202	RETAIL PHARMACY	0	0	46	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1

Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description			HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	459,412	276,041	525,669	685,283	89,379	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	165.077973	5.528006	41.952833	8.806001	0.265144	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,332	27,108	45,282	10,804	17,829	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.634567	0.542866	3.613887	0.138833	0.052890	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
1.02	00102					1.02
1.03	00103					1.03
1.04	00104					1.04
2.00	00200					2.00
4.00	00400					4.00
5.06	00540					5.06
5.08	00590					5.08
5.09	00570					5.09
5.10	00580					5.10
5.11	00591					5.11
6.00	00600					6.00
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	1,603,700				15.00
16.00	01600	0	3,380			16.00
17.00	01700	0	0	1,368		17.00
19.00	01900	0	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	1,073	1,332		30.00
41.00	04100	0	0	0		41.00
42.00	04200	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	35	0	0	50.00
53.00	05300	0	0	0	100	53.00
54.00	05400	0	82	0	0	54.00
54.01	05401	0	584	36	0	54.01
56.00	05600	0	0	0	0	56.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
60.01	06001	0	0	0	0	60.01
65.00	06500	0	77	0	0	65.00
66.00	06600	0	0	0	0	66.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	1,603,700	0	0	0	73.00
76.00	03950	0	0	0	0	76.00
76.97	07697	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	0	0	90.01
91.00	09100	0	1,529	0	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	0	0	0	0	109.00
110.00	11000	0	0	0	0	110.00
111.00	11100	0	0	0	0	111.00
113.00	11300	0	0	0	0	113.00
118.00		1,603,700	3,380	1,368	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
192.02	19202	0	0	0	0	192.02
192.03	19203	0	0	0	0	192.03
192.04	19204	0	0	0	0	192.04
192.05	19205	0	0	0	0	192.05
192.06	19206	0	0	0	0	192.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet B-1

Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	
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)	2,245,090	612,408	48,276	320,780	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.399944	181.185799	35.289474	3,207.800000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	50,147	17,403	1,034	3,958	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.031270	5.148817	0.755848	39.580000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet C
Part I
Date/Time Prepared:
9/16/2015 9:02 am

		Title XVIII		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		3,239,134	0	0	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		449,896	0	0	50.00
53.00	05300 ANESTHESIOLOGY		335,819	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,634,161	0	0	54.00
54.01	05401 ONCOLOGY		564,063	0	0	54.01
56.00	05600 RADIOISOTOPE		191,487	0	0	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		1,444,416	0	0	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	522,204	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	930,411	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY		44,887	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		3,416	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,275	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,416,173	0	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS		388,579	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		63,687	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		3,092,130	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		57,095	0	0	90.00
90.01	09001 COUMADIN CLINIC		12,807	0	0	90.01
91.00	09100 EMERGENCY		2,452,131	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		177,295	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		18,038,066	0	0	200.00
201.00	Less Observation Beds		177,295	0	0	201.00
202.00	Total (see instructions)		17,860,771	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet C
Part I
Date/Time Prepared:
9/16/2015 9:02 am

		Title XVIII			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,578,976		1,578,976		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,915	687,201	690,116	0.651914	50.00
53.00	05300	ANESTHESIOLOGY	2,297	468,885	471,182	0.712716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	525,281	7,254,761	7,780,042	0.210045	54.00
54.01	05401	ONCOLOGY	2,919	358,934	361,853	1.558818	54.01
56.00	05600	RADIOISOTOPE	43,884	541,747	585,631	0.326976	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	721,812	5,528,320	6,250,132	0.231102	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	438,185	550,409	988,594	0.528229	65.00
66.00	06600	PHYSICAL THERAPY	446,410	1,781,006	2,227,416	0.417709	66.00
69.00	06900	ELECTROCARDIOLOGY	20,622	246,045	266,667	0.168326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	294	3,528	3,822	0.893773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,500	52,500	0.348095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	781,671	5,680,851	6,462,522	0.373875	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	769,388	769,388	0.505049	76.00
76.97	07697	CARDIAC REHABILITATION	0	102,933	102,933	0.618723	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	2,294,010	2,294,010		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	49,834	49,834	1.145704	90.00
90.01	09001	COUMADIN CLINIC	0	27,238	27,238	0.470189	90.01
91.00	09100	EMERGENCY	93,442	1,740,638	1,834,080	1.336981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	264,976	264,976	0.669098	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,658,708	28,403,204	33,061,912		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,658,708	28,403,204	33,061,912		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet C Part I Date/Time Prepared: 9/16/2015 9:02 am
		Title XVIII	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		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	0.000000		90.00
90.01	09001 COUMADIN CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet C
Part I
Date/Time Prepared:
9/16/2015 9:02 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		3,239,134	0	3,239,134	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		449,896	0	449,896	50.00
53.00	05300 ANESTHESIOLOGY		335,819	0	335,819	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,634,161	0	1,634,161	54.00
54.01	05401 ONCOLOGY		564,063	0	564,063	54.01
56.00	05600 RADIOISOTOPE		191,487	0	191,487	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		1,444,416	0	1,444,416	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	522,204	0	522,204	65.00
66.00	06600 PHYSICAL THERAPY	0	930,411	0	930,411	66.00
69.00	06900 ELECTROCARDIOLOGY		44,887	0	44,887	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		3,416	0	3,416	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,275	0	18,275	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,416,173	0	2,416,173	73.00
76.00	03950 SENIOR LIFE SOLUTIONS		388,579	0	388,579	76.00
76.97	07697 CARDIAC REHABILITATION		63,687	0	63,687	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		3,092,130	0	3,092,130	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		57,095	0	57,095	90.00
90.01	09001 COUMADIN CLINIC		12,807	0	12,807	90.01
91.00	09100 EMERGENCY		2,452,131	0	2,452,131	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		177,295	0	177,295	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		18,038,066	0	18,038,066	200.00
201.00	Less Observation Beds		177,295	0	177,295	201.00
202.00	Total (see instructions)		17,860,771	0	17,860,771	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet C
Part I
Date/Time Prepared:
9/16/2015 9:02 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,578,976		1,578,976		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,915	687,201	690,116	0.651914	50.00
53.00	05300	ANESTHESIOLOGY	2,297	468,885	471,182	0.712716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	525,281	7,254,761	7,780,042	0.210045	54.00
54.01	05401	ONCOLOGY	2,919	358,934	361,853	1.558818	54.01
56.00	05600	RADIOISOTOPE	43,884	541,747	585,631	0.326976	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	721,812	5,528,320	6,250,132	0.231102	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	438,185	550,409	988,594	0.528229	65.00
66.00	06600	PHYSICAL THERAPY	446,410	1,781,006	2,227,416	0.417709	66.00
69.00	06900	ELECTROCARDIOLOGY	20,622	246,045	266,667	0.168326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	294	3,528	3,822	0.893773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,500	52,500	0.348095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	781,671	5,680,851	6,462,522	0.373875	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	769,388	769,388	0.505049	76.00
76.97	07697	CARDIAC REHABILITATION	0	102,933	102,933	0.618723	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	2,294,010	2,294,010	1.347915	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	49,834	49,834	1.145704	90.00
90.01	09001	COUMADIN CLINIC	0	27,238	27,238	0.470189	90.01
91.00	09100	EMERGENCY	93,442	1,740,638	1,834,080	1.336981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	264,976	264,976	0.669098	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,658,708	28,403,204	33,061,912		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,658,708	28,403,204	33,061,912		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet C Part I Date/Time Prepared: 9/16/2015 9:02 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 COUMADIN CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
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 ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part II Date/Time Prepared: 9/16/2015 9:02 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	33,864	690,116	0.049070	2,915	143	50.00
53.00	05300 ANESTHESIOLOGY	299	471,182	0.000635	2,297	1	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	103,956	7,780,042	0.013362	246,031	3,287	54.00
54.01	05401 ONCOLOGY	24,500	361,853	0.067707	0	0	54.01
56.00	05600 RADIOISOTOPE	3,213	585,631	0.005486	24,430	134	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	69,577	6,250,132	0.011132	292,578	3,257	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	23,336	988,594	0.023605	159,320	3,761	65.00
66.00	06600 PHYSICAL THERAPY	34,335	2,227,416	0.015415	31,237	482	66.00
69.00	06900 ELECTROCARDIOLOGY	12,132	266,667	0.045495	9,870	449	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47	3,822	0.012297	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	225	52,500	0.004286	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,750	6,462,522	0.008317	280,089	2,330	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	11,793	769,388	0.015328	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	10,217	102,933	0.099259	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	135,473	2,294,010	0.059055	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	1,738	49,834	0.034876	0	0	90.00
90.01	09001 COUMADIN CLINIC	196	27,238	0.007196	0	0	90.01
91.00	09100 EMERGENCY	61,658	1,834,080	0.033618	1,092	37	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	12,896	264,976	0.048669	0	0	92.00
200.00	Total (lines 50-199)	593,205	31,482,936		1,049,859	13,881	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet D
Part IV
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		Title XVIII				Hospital		Cost	
		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			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	320,780	0	0	0	320,780	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401	ONCOLOGY	0	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
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	BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	COUMADIN CLINIC	0	0	0	0	0	90.01	
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	
200.00		Total (lines 50-199)	320,780	0	0	0	320,780	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet D
Part IV
Date/Time Prepared:
9/16/2015 9:02 am

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		Inpatient Program Charges	Cost
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	690,116	0.000000	0.000000	2,915	50.00
53.00	05300	ANESTHESIOLOGY	0	471,182	0.680799	0.000000	2,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,780,042	0.000000	0.000000	246,031	54.00
54.01	05401	ONCOLOGY	0	361,853	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	585,631	0.000000	0.000000	24,430	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	6,250,132	0.000000	0.000000	292,578	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	988,594	0.000000	0.000000	159,320	65.00
66.00	06600	PHYSICAL THERAPY	0	2,227,416	0.000000	0.000000	31,237	66.00
69.00	06900	ELECTROCARDIOLOGY	0	266,667	0.000000	0.000000	9,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,822	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,500	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,462,522	0.000000	0.000000	280,089	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	769,388	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	102,933	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,294,010	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	49,834	0.000000	0.000000	0	90.00
90.01	09001	COUMADIN CLINIC	0	27,238	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	1,834,080	0.000000	0.000000	1,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	264,976	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	0	31,482,936			1,049,859	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet D
Part IV
Date/Time Prepared:
9/16/2015 9:02 am

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)	Cost
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	1,564	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ONCOLOGY	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 COUMADIN CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	1,564	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 9/16/2015 9:02 am
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Title XVIII		Hospital		Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.651914	0	319,364	0	0
53.00	05300 ANESTHESIOLOGY	0.712716	0	200,606	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.210045	0	2,643,388	0	0
54.01	05401 ONCOLOGY	1.558818	0	130,670	0	0
56.00	05600 RADIOISOTOPE	0.326976	0	215,441	0	0
57.00	05700 CT SCAN	0.000000	0	0	0	0
58.00	05800 MRI	0.000000	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00	06000 LABORATORY	0.231102	0	2,484,757	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.528229	0	172,233	0	0
66.00	06600 PHYSICAL THERAPY	0.417709	0	530,970	0	0
69.00	06900 ELECTROCARDIOLOGY	0.168326	0	127,958	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.893773	0	882	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.348095	0	37,242	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.373875	0	2,230,342	191	0
76.00	03950 SENIOR LIFE SOLUTIONS	0.505049	0	722,630	0	0
76.97	07697 CARDIAC REHABILITATION	0.618723	0	63,741	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00	09000 CLINIC	1.145704	0	34,969	0	0
90.01	09001 COUMADIN CLINIC	0.470189	0	0	0	0
91.00	09100 EMERGENCY	1.336981	0	623,862	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669098	0	127,325	0	0
200.00	Subtotal (see instructions)		0	10,666,380	191	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	10,666,380	191	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 9/16/2015 9:02 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	208,198	0		50.00
53.00 05300 ANESTHESIOLOGY	142,975	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	555,230	0		54.00
54.01 05401 ONCOLOGY	203,691	0		54.01
56.00 05600 RADIOISOTOPE	70,444	0		56.00
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	574,232	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	90,978	0		65.00
66.00 06600 PHYSICAL THERAPY	221,791	0		66.00
69.00 06900 ELECTROCARDIOLOGY	21,539	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	788	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12,964	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	833,869	71		73.00
76.00 03950 SENIOR LIFE SOLUTIONS	364,964	0		76.00
76.97 07697 CARDIAC REHABILITATION	39,438	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	40,064	0		90.00
90.01 09001 COUMADIN CLINIC	0	0		90.01
91.00 09100 EMERGENCY	834,092	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	85,193	0		92.00
200.00 Subtotal (see instructions)	4,300,450	71		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,300,450	71		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307 Component CCN: 14Z307	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 9/16/2015 9:02 am
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.651914	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.712716	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.210045	0	0	0	0
54.01 05401 ONCOLOGY	1.558818	0	0	0	0
56.00 05600 RADIOISOTOPE	0.326976	0	0	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.231102	0	0	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.528229	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.417709	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.168326	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.893773	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.348095	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.373875	0	0	0	0
76.00 03950 SENIOR LIFE SOLUTIONS	0.505049	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.618723	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	1.145704	0	0	0	0
90.01 09001 COUMADIN CLINIC	0.470189	0	0	0	0
91.00 09100 EMERGENCY	1.336981	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669098	0	0	0	0
200.00 Subtotal (see instructions)		0	0	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141307

Period: From 05/01/2014

Worksheet D

Component CCN: 14Z307

To 04/30/2015

Part V
Date/Time Prepared:
9/16/2015 9:02 am

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ONCOLOGY	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
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 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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
76.00 03950 SENIOR LIFE SOLUTIONS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 COUMADIN CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 9/16/2015 9:02 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Hospital Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.651914	0	117,476	0	0 50.00
53.00	05300	ANESTHESIOLOGY	0.712716	0	66,880	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210045	0	1,512,953	0	0 54.00
54.01	05401	ONCOLOGY	1.558818	0	55,481	0	0 54.01
56.00	05600	RADIOISOTOPE	0.326976	0	59,827	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00	05800	MRI	0.000000	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000	LABORATORY	0.231102	0	696,788	0	0 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.528229	0	118,307	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.417709	0	258,497	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0.168326	0	35,129	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.893773	0	1,764	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348095	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373875	0	265,039	0	0 73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.505049	0	27,836	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.618723	0	1,327	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1.347915				0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000	CLINIC	1.145704	0	4,049	0	0 90.00
90.01	09001	COUMADIN CLINIC	0.470189	0	0	0	0 90.01
91.00	09100	EMERGENCY	1.336981	0	834,741	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669098	0	38,538	0	0 92.00
200.00		Subtotal (see instructions)		0	4,094,632	0	0 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00		Net Charges (line 200 +/- line 201)		0	4,094,632	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D Part V Date/Time Prepared: 9/16/2015 9:02 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	76,584	0		50.00
53.00 05300 ANESTHESIOLOGY	47,666	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	317,788	0		54.00
54.01 05401 ONCOLOGY	86,485	0		54.01
56.00 05600 RADIOISOTOPE	19,562	0		56.00
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	161,029	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	62,493	0		65.00
66.00 06600 PHYSICAL THERAPY	107,977	0		66.00
69.00 06900 ELECTROCARDIOLOGY	5,913	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,577	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	99,091	0		73.00
76.00 03950 SENIOR LIFE SOLUTIONS	14,059	0		76.00
76.97 07697 CARDIAC REHABILITATION	821	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	4,639	0		90.00
90.01 09001 COUMADIN CLINIC	0	0		90.01
91.00 09100 EMERGENCY	1,116,033	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	25,786	0		92.00
200.00 Subtotal (see instructions)	2,147,503	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,147,503	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D-1 Date/Time Prepared: 9/16/2015 9:02 am
Cost Center Description		Title XVIII	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,813	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,609	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)		1,475	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		600	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)		199	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		296	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)		109	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		928	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)		600	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)		199	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		131.13	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		131.13	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,239,134	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)		38,814	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)		14,293	25.00
26.00	Total swing-bed cost (see instructions)		1,110,264	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,128,870	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,128,870	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,323.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,227,837	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,227,837	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D-1 Date/Time Prepared: 9/16/2015 9:02 am	
Cost Center Description			Title XVIII		Hospital	
			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	
			1.00	2.00	3.00	
			Program Days		Program Cost (col. 3 x col. 4)	
			4.00		5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				335,862	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,563,699	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0 54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				793,860	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				263,297	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				1,057,157	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/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR 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)				134	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,323.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				177,295	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141307		Period: From 05/01/2014 To 04/30/2015		Worksheet D-1 Date/Time Prepared: 9/16/2015 9:02 am	
Cost Center Description		Cost	Routine Cost (from line 27)	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	154,843	2,128,870	0.072735	177,295	12,896	90.00
91.00	Nursing School cost	0	2,128,870	0.000000	177,295	0	91.00
92.00	Allied health cost	0	2,128,870	0.000000	177,295	0	92.00
93.00	All other Medical Education	0	2,128,870	0.000000	177,295	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D-3 Date/Time Prepared: 9/16/2015 9:02 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		781,111		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.651914	2,915	1,900	50.00
53.00	05300 ANESTHESIOLOGY	0.712716	2,297	1,637	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.210045	246,031	51,678	54.00
54.01	05401 ONCOLOGY	1.558818	0	0	54.01
56.00	05600 RADIOISOTOPE	0.326976	24,430	7,988	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.231102	292,578	67,615	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.528229	159,320	84,157	65.00
66.00	06600 PHYSICAL THERAPY	0.417709	31,237	13,048	66.00
69.00	06900 ELECTROCARDIOLOGY	0.168326	9,870	1,661	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.893773	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.348095	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.373875	280,089	104,718	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.505049	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.618723	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.145704	0	0	90.00
90.01	09001 COUMADIN CLINIC	0.470189	0	0	90.01
91.00	09100 EMERGENCY	1.336981	1,092	1,460	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669098	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,049,859	335,862	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,049,859		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D-3	
		Component CCN: 14Z307		Date/Time Prepared: 9/16/2015 9:02 am	
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.651914	0	50.00
53.00	05300	ANESTHESIOLOGY	0.712716	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210045	69,892	54.00
54.01	05401	ONCOLOGY	1.558818	0	54.01
56.00	05600	RADIOISOTOPE	0.326976	3,735	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.231102	137,168	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.528229	144,573	65.00
66.00	06600	PHYSICAL THERAPY	0.417709	266,139	66.00
69.00	06900	ELECTROCARDIOLOGY	0.168326	2,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.893773	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348095	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.373875	227,736	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.505049	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.618723	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.145704	0	90.00
90.01	09001	COUMADIN CLINIC	0.470189	0	90.01
91.00	09100	EMERGENCY	1.336981	3,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669098	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		854,768	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)		854,768	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet D-3 Date/Time Prepared: 9/16/2015 9:02 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		83,880		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.651914	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.712716	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.210045	30,560	6,419	54.00
54.01	05401 ONCOLOGY	1.558818	2,552	3,978	54.01
56.00	05600 RADIOISOTOPE	0.326976	1,792	586	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.231102	47,192	10,906	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.528229	8,830	4,664	65.00
66.00	06600 PHYSICAL THERAPY	0.417709	612	256	66.00
69.00	06900 ELECTROCARDIOLOGY	0.168326	598	101	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.893773	294	263	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.348095	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.373875	32,416	12,120	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.505049	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.618723	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	1.347915	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	1.145704	0	0	90.00
90.01	09001 COUMADIN CLINIC	0.470189	0	0	90.01
91.00	09100 EMERGENCY	1.336981	41,776	55,854	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669098	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		166,622	95,147	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		166,622		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet E Part B Date/Time Prepared: 9/16/2015 9:02 am
		Title XVII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			4,300,521 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 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			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			4,300,521 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 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)			4,343,526 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)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			19,122 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,638,767 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} (for CAH, see instructions)			2,685,637 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)			2,685,637 30.00
31.00	Primary payer payments			438 31.00
32.00	Subtotal (line 30 minus line 31)			2,685,199 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			208,275 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			158,289 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			138,571 36.00
37.00	Subtotal (see instructions)			2,843,488 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)			2,843,488 40.00
40.01	Sequestration adjustment (see instructions)			56,870 40.01
41.00	Interim payments			2,661,047 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			125,571 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
9/16/2015 9:02 am

		Title XVIII		Hospital		Cost	
		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		1,345,913		2,944,229	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	03/31/2015	294,652		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	12/05/2014	3,699	12/05/2014	107,103	3.50	
3.51			0	03/31/2015	176,079	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)		290,953		-283,182	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)		1,636,866		2,661,047	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		125,571	6.01	
6.02	SETTLEMENT TO PROGRAM		263,008		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,373,858		2,786,618	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	National Government Services, Inc.		06101			8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141307
Component CCN: 14Z307

Period:
From 05/01/2014
To 04/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
9/16/2015 9:02 am

Title XVIII Swing Beds - SNF Cost

		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		1,227,452		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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	03/31/2015	211,350		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	12/05/2014	4,838		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)		206,512		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)		1,433,964		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		109,087		0	6.02
7.00	Total Medicare program liability (see instructions)		1,324,877		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet E-2	
		Component CCN: 14Z307		Date/Time Prepared: 9/16/2015 9:02 am	
		Title XVIII	Swing Beds - SNF	Cost	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		1,067,729	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200 for Pt. A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202 for Pt. B) (For CAH, see instructions)		328,450	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		799	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		1,396,179	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		1,396,179	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		1,396,179	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		44,264	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		1,351,915	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT		0		16.55
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		1,351,915	0	19.00
19.01	Sequestration adjustment (see instructions)		27,038	0	19.01
20.00	Interim payments		1,433,964	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		-109,087	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2014 To 04/30/2015	Worksheet E-3 Part V Date/Time Prepared: 9/16/2015 9:02 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			1,563,699 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			1,563,699 4.00
5.00	Primary payer payments			1,711 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			1,577,625 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			1,577,625 19.00
20.00	Deductibles (exclude professional component)			200,039 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			1,377,586 22.00
23.00	Coinsurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			1,377,586 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			31,987 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			24,310 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,238 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			1,401,896 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (see instructions)			1,401,896 30.00
30.01	Sequestration adjustment (see instructions)			28,038 30.01
31.00	Interim payments			1,636,866 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)			-263,008 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 34.00

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

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet G

Date/Time Prepared:
9/16/2015 9:02 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,118,441	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	2,452,367	0	0	0	4.00
5.00	Other receivable	278,532	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	235,305	0	0	0	7.00
8.00	Prepaid expenses	211,292	0	0	0	8.00
9.00	Other current assets	124,075	0	0	132,672	9.00
10.00	Due from other funds	54,268	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	7,474,280	0	0	132,672	11.00
FIXED ASSETS						
12.00	Land	658,227	0	0	0	12.00
13.00	Land improvements	246,028	0	0	0	13.00
14.00	Accumulated depreciation	-246,028	0	0	0	14.00
15.00	Buildings	33,219,599	0	0	0	15.00
16.00	Accumulated depreciation	-5,517,668	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	4,480,384	0	0	0	23.00
24.00	Accumulated depreciation	-3,761,910	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	1,603,453	0	0	0	27.00
28.00	Accumulated depreciation	-1,255,765	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)	29,426,320	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	288,692	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	288,692	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	37,189,292	0	0	132,672	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,651,214	0	0	0	37.00
38.00	Salaries, wages, and fees payable	853,120	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	83,000	0	0	0	40.00
41.00	Deferred income	197,542	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	299,803	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,084,679	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,124,277	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,124,277	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,208,956	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	15,980,336	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	132,672	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	15,980,336	0	0	132,672	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	37,189,292	0	0	132,672	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet G-1

Date/Time Prepared:
9/16/2015 9:02 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		15,797,170		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		183,166			2.00
3.00	Total (sum of line 1 and line 2)		15,980,336		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)		15,980,336		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)		15,980,336		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		132,672		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		132,672		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		132,672		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		132,672		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/16/2015 9:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,578,976		1,578,976	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,578,976		1,578,976	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,578,976		1,578,976	17.00
18.00	Ancillary services	2,986,290	24,053,746	27,040,036	18.00
19.00	Outpatient services	93,442	2,055,448	2,148,890	19.00
20.00	RURAL HEALTH CLINIC	0	2,294,010	2,294,010	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	66,612	1,421,028	1,487,640	27.00
27.01	340 GROSS UP	0	-305,257	-305,257	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,725,320	29,518,975	34,244,295	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		20,650,119		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	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)		20,650,119		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141307

Period:
From 05/01/2014
To 04/30/2015

Worksheet G-3

Date/Time Prepared:
9/16/2015 9:02 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	34,244,295	1.00
2.00	Less contractual allowances and discounts on patients' accounts	15,498,100	2.00
3.00	Net patient revenues (line 1 minus line 2)	18,746,195	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	20,650,119	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,903,924	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	20,946	6.00
7.00	Income from investments	57,559	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	84,152	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	48,165	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	6,555	17.00
18.00	Revenue from sale of medical records and abstracts	83	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	45	21.00
22.00	Rental of hospital space	13,680	22.00
23.00	Governmental appropriations	308,594	23.00
24.00	CONTRACT SERVICES	56,184	24.00
24.01	MISC OPERATING REVENUE	324,744	24.01
24.02	MISC NON-OPERATING REVENUE	-28,046	24.02
24.03	340B DISCOUNT	1,194,429	24.03
25.00	Total other income (sum of lines 6-24)	2,087,090	25.00
26.00	Total (line 5 plus line 25)	183,166	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	183,166	29.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2014 To 04/30/2015	Worksheet M-1 Date/Time Prepared: 9/16/2015 9:02 am
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	941,925	23,518	965,443	-197,474	767,969	1.00
2.00	Physician Assistant	279,335	0	279,335	0	279,335	2.00
3.00	Nurse Practitioner	96,083	0	96,083	0	96,083	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	255,947	0	255,947	0	255,947	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	22,442	22,442	-2,578	19,864	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,573,290	45,960	1,619,250	-200,052	1,419,198	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	88,344	88,344	0	88,344	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	26,315	26,315	-3,194	23,121	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	114,659	114,659	-3,194	111,465	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,573,290	160,619	1,733,909	-203,246	1,530,663	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	362,208	15,499	377,707	-10,480	367,227	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	362,208	15,499	377,707	-10,480	367,227	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,935,498	176,118	2,111,616	-213,726	1,897,890	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2014 To 04/30/2015	Worksheet M-1 Date/Time Prepared: 9/16/2015 9:02 am
		Rural Health Clinic (RHC) I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	0	767,969
2.00	Physician Assistant	0	279,335
3.00	Nurse Practitioner	0	96,083
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	255,947
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	19,864
10.00	Subtotal (sum of lines 1 through 9)	0	1,419,198
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	88,344
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	23,121
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	111,465
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,530,663
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
FACILITY OVERHEAD			
29.00	Facility Costs	0	0
30.00	Administrative Costs	-887	366,340
31.00	Total Facility Overhead (sum of lines 29 and 30)	-887	366,340
32.00	Total facility costs (sum of lines 22, 28 and 31)	-887	1,897,003

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141307	Period: From 05/01/2014	Worksheet M-2
		Component CCN: 143412	To 04/30/2015	Date/Time Prepared: 9/16/2015 9:02 am
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	1.59	9,239	4,200	6,678	1.00
2.00	Physician Assistant	1.71	6,290	2,100	3,591	2.00
3.00	Nurse Practitioner	0.60	1,862	2,100	1,260	3.00
4.00	Subtotal (sum of lines 1 through 3)	3.90	17,391		11,529	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	3.90	17,391			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)			1,530,663	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)			0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)			1,530,663	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)			1.000000	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)			366,340	14.00
15.00	Parent provider overhead allocated to facility (see instructions)			1,195,127	15.00
16.00	Total overhead (sum of lines 14 and 15)			1,561,467	16.00
17.00	Allowable GME overhead (see instructions)			0	17.00
18.00	Subtotal (see instructions)			1,561,467	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)			1,561,467	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)			3,092,130	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2014 To 04/30/2015	Worksheet M-3 Date/Time Prepared: 9/16/2015 9:02 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		3,092,130	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		53,534	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		3,038,596	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		17,391	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		17,391	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		174.72	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	79.80	80.44	8.00
9.00	Rate for Program covered visits (see instructions)	174.72	174.72	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	5,042	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	880,938	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		880,938	16.00
16.01	Total program charges (see instructions)(from contractor's records)		609,458	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		434	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		627	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		652,912	16.04
16.05	Total program cost (see instructions)		653,539	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		64,171	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		108,970	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		653,539	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		28,297	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		681,836	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		681,836	26.00
26.01	Sequestration adjustment (see instructions)		13,637	26.01
27.00	Interim payments		680,523	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		-12,324	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2014 To 04/30/2015	Worksheet M-4 Date/Time Prepared: 9/16/2015 9:02 am		
		Title XVIII	Rural Health Clinic (RHC) I	Cost		
				Pneumococcal	Influenza	
				1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)			1,419,198	1,419,198	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time			0.000620	0.002062	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)			880	2,926	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)			14,282	8,412	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)			15,162	11,338	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)			1,530,663	1,530,663	6.00
7.00	Total overhead (from Wkst. M-2, line 16)			1,561,467	1,561,467	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)			0.009906	0.007407	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)			15,468	11,566	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)			30,630	22,904	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)			136	451	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)			225.22	50.78	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries			81	198	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)			18,243	10,054	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)				53,534	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)				28,297	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2014 To 04/30/2015	Worksheet M-5 Date/Time Prepared: 9/16/2015 9:02 am
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		619,893	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	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		12/05/2014	3,649	3.01
3.02		03/31/2015	56,981	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		60,630	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		680,523	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		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	6.01
6.02	SETTLEMENT TO PROGRAM		12,324	6.02
7.00	Total Medicare program liability (see instructions)		668,199	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor	National Government Services, Inc.	06101	8.00