

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: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/28/2016 8:35 pm
--------------------------------------------------------------------------------------------	----------------------	---------------------------------------------	-------------------------------------------------------------------------

<b>PART I - COST REPORT STATUS</b>			
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: 11/28/2016	Time: 8:35 pm
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. 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 ST. JOSEPHS HOSPITAL ( 140145 ) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	82,234	5,949	226,468	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		368,150		0	10.00
10.01 RURAL HEALTH CLINIC II	0		12,013		0	10.01
10.02 RURAL HEALTH CLINIC III	0		9,060		0	10.02
10.03 RURAL HEALTH CLINIC IV	0		27,771		0	10.03
10.04 RURAL HEALTH CLINIC V	0		214,447		0	10.04
200.00 Total	0	82,234	637,390	226,468	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 8:31 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00 Street: 9515 HOLY CROSS LANE		PO Box:		Zip Code: 62230		County: CLINTON						
2.00 City: BREESE		State: IL										
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)						
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. JOSEPHS HOSPITAL	140145	41180	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC		RHC-BREESE	148503	41180		01/01/2009	N	O	N	15.00	
15.01	Hospital-Based Health Clinic - RHC		RHC-TRENTON	148552	41180		12/11/2015	N	O	N	15.01	
15.02	Hospital-Based Health Clinic - RHC		RHC-NEW BADEN	148553	41180		12/11/2015	N	O	N	15.02	
15.03	Hospital-Based Health Clinic - RHC		RHC-CARLYLE	148554	41180		12/11/2015	N	O	N	15.03	
15.04	Hospital-Based Health Clinic - RHC		RHC-GERMANTOWN	148502	41180		01/01/2009	N	O	N	15.04	
16.00	Hospital-Based Health Clinic - FOHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:		To:				
						1.00		2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2015		06/30/2016		20.00		
21.00	Type of Control (see instructions)					1				21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1		N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					360	0	0	0	482	433	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 8:31 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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 S	
								1.00	
								Date of Geogr	
								2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
								Beginning:	
								1.00	
								Ending:	
								2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
								Y/N	
								1.00	
								Y/N	
								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)					Y	Y	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	
								1.00	
								XVIII	
								2.00	
								XIX	
								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.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					N			60.00
								Y/N	
								1.00	
								IME	
								2.00	
								Direct GME	
								3.00	
								IME	
								4.00	
								Direct GME	
								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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 8:31 pm				
	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).							61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00		2.00	3.00	4.00					
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count 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			
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>										
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		
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>										
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					
<b>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.</b>										
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: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 8:31 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
					1.00	2.00	
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	
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
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					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: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 8:31 pm
---------------------------------------------------------------	--	----------------------	---------------------------------------------	----------------------------------------------------------------------

		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, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
		1.00			
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.		N		87.00
		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.		N		110.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
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.	2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 8:31 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	51,821	0	373,207	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
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
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	148005	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: HOSPITAL SISTERS HEALTH SYSTEMS	Contractor's Name: NGS	Contractor's Number: 00131		141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:			142.00
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62794		143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/28/2016 8:31 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	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	10/18/2016	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 Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/20/2016	Y	10/20/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/28/2016 8:31 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM	43.00

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	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: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	45	16,470	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		45	16,470	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,464	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		49	17,934	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.01 RURAL HEALTH CLINIC II	88.01				0	26.01
26.02 RURAL HEALTH CLINIC III	88.02				0	26.02
26.03 RURAL HEALTH CLINIC IV	88.03				0	26.03
26.04 RURAL HEALTH CLINIC V	88.04				0	26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		49				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

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	1,243	115	2,981			1.00
2.00 HMO and other (see instructions)	105	915				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	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,243	115	2,981			7.00
8.00 INTENSIVE CARE UNIT	2	0	4			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		186	1,335			13.00
14.00 Total (see instructions)	1,245	301	4,320	0.00	307.17	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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
26.00 RURAL HEALTH CLINIC	6,332	0	29,384	0.00	31.27	26.00
26.01 RURAL HEALTH CLINIC II	758	0	1,792	0.00	1.73	26.01
26.02 RURAL HEALTH CLINIC III	550	0	4,442	0.00	6.17	26.02
26.03 RURAL HEALTH CLINIC IV	1,070	0	2,346	0.00	1.96	26.03
26.04 RURAL HEALTH CLINIC V	3,235	0	8,652	0.00	7.55	26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	355.85	27.00
28.00 Observation Bed Days		0	521			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			152			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	59	169			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: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	401	47	1,229	1.00
2.00 HMO and other (see instructions)				36	377		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		401	47	1,229	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							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
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.01 RURAL HEALTH CLINIC II	0.00						26.01
26.02 RURAL HEALTH CLINIC III	0.00						26.02
26.03 RURAL HEALTH CLINIC IV	0.00						26.03
26.04 RURAL HEALTH CLINIC V	0.00						26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet S-3 Part II Date/Time Prepared: 11/28/2016 8:31 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	18,217,733	0	18,217,733	740,176.60	24.61	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		658,830	0	658,830	13,000.18	50.68	5.00
6.00	Non-physician-Part B		1,357,227	0	1,357,227	88,592.14	15.32	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		196,470	428,843	625,313	32,333.10	19.34	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		285,957	0	285,957	2,349.42	121.71	13.00
14.00	Home office salaries & wage-related costs		2,097,346	0	2,097,346	28,571.00	73.41	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		4,885,496	0	4,885,496			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		195,991	0	195,991			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		206,848	0	206,848			23.00
24.00	Wage-related costs (RHC/FQHC)		425,695	0	425,695			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,012,719	-44,900	2,967,819	115,206.24	25.76	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	492,466	0	492,466	19,853.50	24.80	30.00
31.00	Laundry & Linen Service	8.00	115,910	16,559	132,469	9,664.91	13.71	31.00
32.00	Housekeeping	9.00	407,439	59,947	467,386	35,001.18	13.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	386,141	-326,002	60,139	3,713.33	16.20	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	332,199	332,199	25,497.54	13.03	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	603,345	-37,958	565,387	13,952.43	40.52	38.00

11/28/2016 8:31 pm

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/28/2016 8:31 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
39.00	Central Services and Supply	14.00	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	429,244	0	429,244	20,283.89	41.00
42.00	Social Service	17.00	84,241	-4,212	80,029	2,405.17	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/28/2016 8:31 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	16,201,676	0	16,201,676	638,584.28	25.37	1.00
2.00	Excluded area salaries (see instructions)	196,470	428,843	625,313	32,333.10	19.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	16,005,206	-428,843	15,576,363	606,251.18	25.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,383,303	0	2,383,303	30,920.42	77.08	4.00
5.00	Subtotal wage-related costs (see inst.)	4,885,496	0	4,885,496	0.00	31.36	5.00
6.00	Total (sum of lines 3 thru 5)	23,274,005	-428,843	22,845,162	637,171.60	35.85	6.00
7.00	Total overhead cost (see instructions)	5,531,505	-4,367	5,527,138	245,578.19	22.51	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2016 8:31 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		39,117	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,196,436	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		3,813,775	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		29,553	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		201,970	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		1,249,285	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		109,879	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		43,060	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		6,683,075	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
14.03	Hospital-Based Health Clinic RHC 3	0	0	14.03
14.04	Hospital-Based Health Clinic RHC 4	0	0	14.04
15.00	Hospital-Based Health Clinic FOHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140145 Component CCN: 148503		Period: From 07/01/2015 To 06/30/2016		Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost	
				Rural Health Clinic (RHC) I			
						1.00	
1.00		Clinic Address and Identification Street		9401 HOLY CROSS		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00		City, State, ZIP Code, County		BREESE IL		62230 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	
4.00		Source of Federal Funds 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		from	
		1.00 2.00		3.00 4.00		5.00	
11.00		Facility hours of operations (1) Clinic		08:00 17:00		08:00 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	
		1.00		2.00		3.00 4.00	
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)				Total Visits	
						5.00	
				County			
				4.00			
2.00		City, State, ZIP Code, County		CLINTON		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		17:00 08:00		17:00 11.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140145 Component CCN: 148503	Period: From 07/01/2015 To 06/30/2016	Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) I	

	Friday		Saturday			
	from	to	from	to		
	11.00	11.00	12.00	13.00		
11.00	08:00	17:00	08:00	17:00		11.00

Facility hours of operations (1)

Clinic

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140145 Component CCN: 148552		Period: From 07/01/2015 To 06/30/2016		Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm	
				Rural Health Clinic (RHC) II		Cost	
						1.00	
1.00 Clinic Address and Identification				409 EAST BROADWAY		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00 City, State, ZIP Code, County		TRENTON		IL62293		2.00	
						1.00	
3.00 FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0 3.00	
		Grant Award		Date			
		1.00		2.00			
4.00 Source of Federal Funds						4.00	
5.00 Community Health Center (Section 330(d), PHS Act)				0		5.00	
6.00 Migrant Health Center (Section 329(d), PHS Act)				0		6.00	
7.00 Health Services for the Homeless (Section 340(d), PHS Act)				0		7.00	
8.00 Appalachian Regional Commission				0		8.00	
9.00 Look-Alikes				0		9.00	
9.00 OTHER (SPECIFY)				0		9.00	
						1.00 2.00	
10.00 Does this facility operate as other than an RHC or FQHC? 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		from	
		1.00 2.00		3.00 4.00		5.00	
11.00 Facility hours of operations (1)							
11.00 Clinic		08:00 17:00		08:00 17:00		08:00 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		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)						15.00	
		County					
		4.00					
2.00 City, State, ZIP Code, County		CLINTON				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)							
11.00 Clinic		17:00 08:00		17:00 08:00		17:00 11.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140145 Component CCN: 148552	Period: From 07/01/2015 To 06/30/2016	Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) II	

	Friday		Saturday			
	from	to	from	to		
	11.00	11.00	12.00	13.00		
11.00	08:00	17:00	08:00	17:00		11.00

Facility hours of operations (1)

Clinic

08:00

17:00

08:00

17:00

11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140145 Component CCN: 148553		Period: From 07/01/2015 To 06/30/2016		Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost	
				Rural Health Clinic (RHC) III			
						1.00	
1.00 Clinic Address and Identification				211 EAST HANOVER		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00 City, State, ZIP Code, County		NEW BADEN		IL		62265	
						1.00	
3.00 FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0	
				Grant Award		Date	
				1.00		2.00	
4.00 Source of Federal Funds							
5.00 Community Health Center (Section 330(d), PHS Act)				0		4.00	
6.00 Migrant Health Center (Section 329(d), PHS Act)				0		5.00	
7.00 Health Services for the Homeless (Section 340(d), PHS Act)				0		6.00	
8.00 Appalachian Regional Commission				0		7.00	
9.00 Look-Alikes				0		8.00	
9.00 OTHER (SPECIFY)				0		9.00	
						1.00	
10.00 Does this facility operate as other than an RHC or FQHC? 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	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00 Facility hours of operations (1)							
11.00 Clinic		08:00 17:00		08:00 17:00		08:00	
						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	
						14.00	
						14.00	
14.00 Provider name, CCN number				Provider name		CCN number	
				1.00		2.00	
						Total Visits	
		Y/N		V		XVIII	
		1.00		2.00		3.00	
						4.00	
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)							
						15.00	
						County	
						4.00	
2.00 City, State, ZIP Code, County				CLINTON			
		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)							
11.00 Clinic		17:00 08:00		17:00 08:00		17:00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140145 Component CCN: 148553	Period: From 07/01/2015 To 06/30/2016	Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) III	

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

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) IV	

		1.00			
1.00	Clinic Address and Identification Street	14505 STATE ROUTE 127			1.00
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	CARLYLE	IL	62231	2.00
		1.00			
3.00	FQHCs 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			
10.00	Does this facility operate as other than an RHC or FQHC? 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	from	
		1.00 2.00	3.00 4.00	5.00	
11.00	Facility hours of operations (1) Clinic	08:00	17:00	08:00	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
		1.00	2.00	3.00	4.00
					Total Visits
					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)				15.00
		County			
		4.00			
2.00	City, State, ZIP Code, County	CLINTON			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	17:00	08:00	17:00	11.00
		08:00			17:00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) IV	

	Friday		Saturday			
	from	to	from	to		
	11.00	08:00	17:00	08:00		

Facility hours of operations (1)

Clinic

08:00

17:00

08:00

17:00

11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140145 Component CCN: 148502		Period: From 07/01/2015 To 06/30/2016		Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost	
				Rural Health Clinic (RHC) V			
						1.00	
1.00 Clinic Address and Identification				2015 MUNSTER ST.		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00 City, State, ZIP Code, County		GERMANTOWN		IL		62245	
						1.00	
3.00 FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0	
				Grant Award		Date	
				1.00		2.00	
4.00 Source of Federal Funds							
5.00 Community Health Center (Section 330(d), PHS Act)				0		4.00	
6.00 Migrant Health Center (Section 329(d), PHS Act)				0		5.00	
7.00 Health Services for the Homeless (Section 340(d), PHS Act)				0		6.00	
8.00 Appalachian Regional Commission				0		7.00	
9.00 Look-Alikes				0		8.00	
9.00 OTHER (SPECIFY)				0		9.00	
						1.00	
10.00 Does this facility operate as other than an RHC or FQHC? 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	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00 Facility hours of operations (1)							
11.00 Clinic		08:00 17:00		08:00 17:00		08:00	
						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	
						1.00	
						2.00	
14.00 Provider name, CCN number				Provider name		CCN number	
				1.00		2.00	
						Total Visits	
		Y/N		V		XVIII	
		1.00		2.00		3.00	
						XIX	
						4.00	
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)							
						5.00	
2.00 City, State, ZIP Code, County				CLINTON			
						4.00	
		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)							
11.00 Clinic		17:00 08:00		17:00 08:00		17:00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140145 Component CCN: 148502	Period: From 07/01/2015 To 06/30/2016	Worksheet S-8 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) V	

	Friday		Saturday			
	from	to	from	to		
	11.00	11.00	12.00	13.00		
11.00	08:00	17:00	08:00	17:00		11.00

Facility hours of operations (1)

Clinic

08:00

17:00

08:00

17:00

11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/28/2016 8:31 pm
-----------------------------------------------	----------------------	---------------------------------------------	-------------------------------------------------------------

			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.362890	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		760,544	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?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		3,865,543	6.00	
7.00	Medicaid cost (line 1 times line 6)		1,402,767	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)		642,223	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		642,223	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	755,423	1,724,979	2,480,402	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	274,135	625,978	900,113	21.00
22.00	Partial payment by patients approved for charity care	179,896	27,631	207,527	22.00
23.00	Cost of charity care (line 21 minus line 22)	94,239	598,347	692,586	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)		2,414,625	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		119,693	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		2,294,932	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		832,808	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,525,394	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,167,617	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet A		
Date/Time Prepared: 11/28/2016 8:31 pm									
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,158,911		1,158,911	279,463	1,438,374	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	1,515,724	1,515,724	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,465,244	6,465,244	-6,608	6,458,636	6,458,636	4.00
5.01	00540	NONPATIENT TELEPHONES	0	51,368	51,368	48,180	99,548	99,548	5.01
5.02	00550	DATA PROCESSING	0	2,404,699	2,404,699	-284,281	2,120,418	2,120,418	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	138,059	101,133	239,192	-76,508	162,684	162,684	5.03
5.04	00570	ADMINISTRATIVE	490,658	11,698	502,356	-3,469	498,887	498,887	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	2,384,002	5,411,910	7,795,912	-55,958	7,739,954	7,739,954	5.06
7.00	00700	OPERATION OF PLANT	492,466	1,286,980	1,779,446	101,998	1,881,444	1,881,444	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	115,910	14,486	130,396	14,229	144,625	144,625	8.00
9.00	00900	HOUSEKEEPING	407,439	196,848	604,287	58,189	662,476	662,476	9.00
10.00	01000	DIETARY	386,141	231,540	617,681	-533,974	83,707	83,707	10.00
11.00	01100	CAFETERIA	0	0	0	531,726	531,726	531,726	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	603,345	12,736	616,081	-39,168	576,913	576,913	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	429,244	105,183	534,427	-21,603	512,824	512,824	16.00
17.00	01700	SOCIAL SERVICE	84,241	8,367	92,608	-4,857	87,751	87,751	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	672,358	672,358	672,358	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	1,654,035	238,677	1,892,712	-211,961	1,680,751	1,680,751	30.00
31.00	03100	INTENSIVE CARE UNIT	6,259	2,078	8,337	-1,259	7,078	7,078	31.00
43.00	04300	NURSERY	276,228	132,916	409,144	-57,714	351,430	351,430	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	1,409,607	577,545	1,987,152	-372,109	1,615,043	1,615,043	50.00
51.00	05100	RECOVERY ROOM	31,371	14,787	46,158	-11,206	34,952	34,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	440,069	72,443	512,512	-52,723	459,789	459,789	52.00
53.00	05300	ANESTHESIOLOGY	45,159	1,342,235	1,387,394	-735,490	651,904	651,904	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,264,903	541,104	1,806,007	-336,683	1,469,324	1,469,324	54.00
57.00	05700	CT SCAN	100,974	145,705	246,679	-85,071	161,608	161,608	57.00
58.00	05800	MRI	66,782	95,939	162,721	5,199	167,920	167,920	58.00
60.00	06000	LABORATORY	1,018,165	1,597,226	2,615,391	-195,734	2,419,657	2,419,657	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	82,290	82,290	0	82,290	82,290	63.00
65.00	06500	RESPIRATORY THERAPY	350,704	211,679	562,383	-118,585	443,798	443,798	65.00
66.00	06600	PHYSICAL THERAPY	1,383,714	379,964	1,763,678	-103,241	1,660,437	1,660,437	66.00
69.00	06900	ELECTROCARDIOLOGY	20,827	69,303	90,130	-34,523	55,607	55,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,172	5,181	42,353	5,010	47,363	47,363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	54,575	770,248	824,823	453,865	1,278,688	1,278,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	277,767	277,767	277,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	475,355	1,398,097	1,873,452	116,977	1,990,429	1,990,429	73.00
76.97	07697	CARDIAC REHABILITATION	99,383	19,513	118,896	-1,604	117,292	117,292	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	1,146,499	2,875,499	4,021,998	-544,917	3,477,081	3,477,081	88.00
88.01	08801	RURAL HEALTH CLINIC II	127,106	261,043	388,149	-177,794	210,355	210,355	88.01
88.02	08802	RURAL HEALTH CLINIC III	681,641	459,843	1,141,484	-517,483	624,001	624,001	88.02
88.03	08803	RURAL HEALTH CLINIC IV	142,114	329,595	471,709	-218,029	253,680	253,680	88.03
88.04	08804	RURAL HEALTH CLINIC V	343,328	139,630	482,958	505,086	988,044	988,044	88.04
91.00	09100	EMERGENCY	882,343	365,931	1,248,274	-55,305	1,192,969	1,192,969	91.00
91.01	09101	PRIORITY CARE CARLYLE	431,445	423,484	854,929	-78,429	776,500	776,500	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE		123,809	123,809	0	123,809	123,809	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,021,263	30,136,867	48,158,130	-350,515	47,807,615	47,807,615	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
192.00	19200	PHYSICIANS PRIVATE OFFICES	192,673	2,126,637	2,319,310	346,303	2,665,613	2,665,613	192.00
194.00	07950	LIFELINE	3,797	26,680	30,477	4,212	34,689	34,689	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	18,217,733	32,290,184	50,507,917	0	50,507,917	50,507,917	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	1,438,374	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,515,724	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,411,468	5,047,168	4.00
5.01	00540	NONPATIENT TELEPHONES	0	99,548	5.01
5.02	00550	DATA PROCESSING	1,073,588	3,194,006	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-6,202	156,482	5.03
5.04	00570	ADMINISTRATIVE	0	498,887	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	ADMIN & GENERAL	-1,825,476	5,914,478	5.06
7.00	00700	OPERATION OF PLANT	-38	1,881,406	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,742	142,883	8.00
9.00	00900	HOUSEKEEPING	0	662,476	9.00
10.00	01000	DIETARY	-12,310	71,397	10.00
11.00	01100	CAFETERIA	0	531,726	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	576,913	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,506	495,318	16.00
17.00	01700	SOCIAL SERVICE	0	87,751	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-672,358	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	1,680,751	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,078	31.00
43.00	04300	NURSERY	-9,045	342,385	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-94,500	1,520,543	50.00
51.00	05100	RECOVERY ROOM	0	34,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	459,789	52.00
53.00	05300	ANESTHESIOLOGY	0	651,904	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,469,324	54.00
57.00	05700	CT SCAN	0	161,608	57.00
58.00	05800	MRI	0	167,920	58.00
60.00	06000	LABORATORY	-18,142	2,401,515	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	82,290	63.00
65.00	06500	RESPIRATORY THERAPY	-13,720	430,078	65.00
66.00	06600	PHYSICAL THERAPY	-47,384	1,613,053	66.00
69.00	06900	ELECTROCARDIOLOGY	-28,242	27,365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47,363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,278,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	277,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-342	1,990,087	73.00
76.97	07697	CARDIAC REHABILITATION	0	117,292	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	2,527	3,479,608	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	210,355	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	624,001	88.02
88.03	08803	RURAL HEALTH CLINIC IV	0	253,680	88.03
88.04	08804	RURAL HEALTH CLINIC V	0	988,044	88.04
91.00	09100	EMERGENCY	-244,897	948,072	91.00
91.01	09101	PRIORITY CARE CARLYLE	-263,316	513,184	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-123,809	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,714,382	44,093,233	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS PRIVATE OFFICES	-1,124,264	1,541,349	192.00
194.00	07950	LIFELINE	0	34,689	194.00
194.01	07951	DEVELOPMENT	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-4,838,646	45,669,271	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - RECLASS NON-PHYSICIAN ANESTHETISTS</b>						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	26,669	645,689	1.00	
	O		26,669	645,689		
<b>B - TO RECLASS CAFETERIA COST</b>						
1.00	CAFETERIA	11.00	332,199	199,527	1.00	
	O		332,199	199,527		
<b>C - TO RECLASS MANAGERS SALARY</b>						
1.00	ADMIN & GENERAL	5.06	31,606	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	16,559	0	2.00	
3.00	HOUSEKEEPING	9.00	59,947	0	3.00	
4.00	DIETARY	10.00	6,197	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	436	0	5.00	
6.00	NURSERY	43.00	9,459	0	6.00	
7.00	RECOVERY ROOM	51.00	3,050	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	18,011	0	8.00	
9.00	ANESTHESIOLOGY	53.00	124	0	9.00	
10.00	CT SCAN	57.00	16,474	0	10.00	
11.00	MRI	58.00	11,050	0	11.00	
12.00	ELECTROCARDIOLOGY	69.00	3,223	0	12.00	
13.00	ELECTROENCEPHALOGRAPHY	70.00	6,277	0	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	3,984	0	14.00	
15.00	CARDIAC REHABILITATION	76.97	15,945	0	15.00	
	O		202,342	0		
<b>D - RECLASS SOCIAL SERVICE TO LIFELINE</b>						
1.00	LIFELINE	194.00	4,212	0	1.00	
	O		4,212	0		
<b>E - PHARMACY RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	132,701	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	O		0	132,701		
<b>F - PLANT OP RECLASS</b>						
1.00	OPERATION OF PLANT	7.00	0	102,166	1.00	
2.00	RURAL HEALTH CLINIC	88.00	0	102	2.00	
3.00		0.00	0	0	3.00	
	O		0	102,268		
<b>G - TELEPHONE RECLASS</b>						
1.00	NONPATIENT TELEPHONES	5.01	0	48,296	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
	O		0	48,296		
<b>H - PROPERTY TAX RECLASS</b>						
1.00	RURAL HEALTH CLINIC	88.00	0	21,658	1.00	
2.00	RURAL HEALTH CLINIC V	88.04	0	9,634	2.00	
	O		0	31,292		
<b>I - IMPLANTS RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	454,612	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	277,767	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
0			0	732,379					
<b>J - DEPRECIATION RECLASS</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	279,463				1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,515,724				2.00	
3.00		0.00	0	0				3.00	
4.00		0.00	0	0				4.00	
5.00		0.00	0	0				5.00	
6.00		0.00	0	0				6.00	
7.00		0.00	0	0				7.00	
8.00		0.00	0	0				8.00	
9.00		0.00	0	0				9.00	
10.00		0.00	0	0				10.00	
11.00		0.00	0	0				11.00	
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
0			0	1,795,187					
<b>K - RHC PHYSICIAN RECLASS</b>									
1.00	RURAL HEALTH CLINIC V	88.04	0	529,999				1.00	
	TOTALS		0	529,999					
<b>L - RHC EXPENSE RECLASS</b>									
1.00	PHYSICIANS PRIVATE OFFICES	192.00	424,631	456,037				1.00	
2.00		0.00	0	0				2.00	
3.00		0.00	0	0				3.00	
	TOTALS		424,631	456,037					
500.00	Grand Total: Increases		990,053	4,673,375				500.00	

RECLASSIFICATIONS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-6  
Date/Time Prepared:  
11/28/2016 8:31 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - RECLASS NON-PHYSICIAN ANESTHETISTS</b>							
1.00	ANESTHESIOLOGY	53.00	26,669	645,689	0		1.00
	O		26,669	645,689			
<b>B - TO RECLASS CAFETERIA COST</b>							
1.00	DIETARY	10.00	332,199	199,527	0		1.00
	O		332,199	199,527			
<b>C - TO RECLASS MANAGERS SALARY</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	76,506	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	37,958	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	27,906	0	0		3.00
4.00	OPERATING ROOM	50.00	7,003	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	27,524	0	0		5.00
6.00	RESPIRATORY THERAPY	65.00	25,445	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
	O		202,342	0			
<b>D - RECLASS SOCIAL SERVICE TO LIFELIN</b>							
1.00	SOCIAL SERVICE	17.00	4,212	0	0		1.00
	O		4,212	0			
<b>E - PHARMACY RECLASS</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	99,844	0		1.00
2.00	CT SCAN	57.00	0	32,669	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	188	0		3.00
	O		0	132,701			
<b>F - PLANT OP RECLASS</b>							
1.00	RURAL HEALTH CLINIC V	88.04	0	9,948	0		1.00
2.00	PRIORITY CARE CARLYLE	91.01	0	4,963	0		2.00
3.00	PHYSICIANS PRIVATE OFFICES	192.00	0	87,357	0		3.00
	O		0	102,268			
<b>G - TELEPHONE RECLASS</b>							
1.00	ADMIN & GENERAL	5.06	0	1,524	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	572	0		2.00
3.00	RURAL HEALTH CLINIC	88.00	0	10,011	0		3.00
4.00	RURAL HEALTH CLINIC II	88.01	0	2,146	0		4.00
5.00	RURAL HEALTH CLINIC III	88.02	0	1,114	0		5.00
6.00	RURAL HEALTH CLINIC IV	88.03	0	1,965	0		6.00
7.00	RURAL HEALTH CLINIC V	88.04	0	4,039	0		7.00
8.00	PHYSICIANS PRIVATE OFFICES	192.00	0	26,925	0		8.00
	O		0	48,296			
<b>H - PROPERTY TAX RECLASS</b>							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	31,292	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	31,292			
<b>I - IMPLANTS RECLASS</b>							
1.00	DATA PROCESSING	5.02	0	13	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	2	0		2.00
3.00	ADMITTING	5.04	0	255	0		3.00
4.00	ADMIN & GENERAL	5.06	0	7,906	0		4.00
5.00	OPERATION OF PLANT	7.00	0	168	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	134	0		6.00
7.00	HOUSEKEEPING	9.00	0	1,758	0		7.00
8.00	DIETARY	10.00	0	122	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	155	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	14	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	62,243	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	4	0		12.00
13.00	NURSERY	43.00	0	41,086	0		13.00
14.00	OPERATING ROOM	50.00	0	174,118	0		14.00
15.00	RECOVERY ROOM	51.00	0	863	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,527	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	32,615	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,782	0		18.00
19.00	CT SCAN	57.00	0	10,177	0		19.00
20.00	MRI	58.00	0	5,851	0		20.00

11/28/2016 8:31 pm

RECLASSIFICATIONS

Provider CCN: 140145

Period: From 07/01/2015 To 06/30/2016

Worksheet A-6

Date/Time Prepared: 11/28/2016 8:31 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
21.00	LABORATORY	60.00	0	82,469	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	82,940	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	81,941	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	2,150	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	429	0	25.00	
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,916	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	1,183	0	27.00	
28.00	EMERGENCY	91.00	0	42,197	0	28.00	
29.00	PRIORITY CARE CARLYLE	91.01	0	37,361	0	29.00	
0			0	732,379			
<b>J - DEPRECIATION RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,608	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	116	9	2.00	
3.00	DATA PROCESSING	5.02	0	284,268	0	3.00	
4.00	ADMITTING	5.04	0	3,214	0	4.00	
5.00	ADMIN & GENERAL	5.06	0	78,134	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	2,196	0	6.00	
7.00	DIETARY	10.00	0	8,323	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	1,055	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	21,589	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	645	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	121,812	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	1,691	0	12.00	
13.00	NURSERY	43.00	0	26,087	0	13.00	
14.00	OPERATING ROOM	50.00	0	190,988	0	14.00	
15.00	RECOVERY ROOM	51.00	0	13,393	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	38,207	0	16.00	
17.00	ANESTHESIOLOGY	53.00	0	30,641	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	184,533	0	18.00	
19.00	CT SCAN	57.00	0	58,699	0	19.00	
20.00	LABORATORY	60.00	0	113,265	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	10,200	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	20,728	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	35,596	0	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	838	0	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	4,543	0	25.00	
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,808	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	16,366	0	27.00	
28.00	RURAL HEALTH CLINIC	88.00	0	26,667	0	28.00	
29.00	RURAL HEALTH CLINIC II	88.01	0	5,907	0	29.00	
30.00	RURAL HEALTH CLINIC III	88.02	0	12,844	0	30.00	
31.00	RURAL HEALTH CLINIC IV	88.03	0	8,662	0	31.00	
32.00	RURAL HEALTH CLINIC V	88.04	0	20,560	0	32.00	
33.00	EMERGENCY	91.00	0	13,108	0	33.00	
34.00	PRIORITY CARE CARLYLE	91.01	0	36,105	0	34.00	
35.00	PHYSICIANS PRIVATE OFFICES	192.00	0	388,791	0	35.00	
0			0	1,795,187			
<b>K - RHC PHYSICIAN RECLASS</b>							
1.00	RURAL HEALTH CLINIC	88.00	0	529,999	0	1.00	
	TOTALS		0	529,999			
<b>L - RHC EXPENSE RECLASS</b>							
1.00	RURAL HEALTH CLINIC II	88.01	56,762	112,979	0	1.00	
2.00	RURAL HEALTH CLINIC III	88.02	304,404	199,121	0	2.00	
3.00	RURAL HEALTH CLINIC IV	88.03	63,465	143,937	0	3.00	
	TOTALS		424,631	456,037			
500.00	Grand Total: Decreases		990,053	4,673,375		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,495,337	139,460	0	139,460	0	1.00
2.00	Land Improvements	3,834,614	14,773	0	14,773	0	2.00
3.00	Buildings and Fixtures	32,714,695	1,358,472	0	1,358,472	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	22,729,747	121,005	0	121,005	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	60,774,393	1,633,710	0	1,633,710	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	60,774,393	1,633,710	0	1,633,710	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,634,797	0				1.00
2.00	Land Improvements	3,849,387	0				2.00
3.00	Buildings and Fixtures	34,073,167	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	22,850,752	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	62,408,103	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	62,408,103	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,158,911	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,158,911	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	1,158,911				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,158,911				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	39,557,351	0	39,557,351	0.633850	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	22,850,752	0	22,850,752	0.366150	0	2.00
3.00	Total (sum of lines 1-2)	62,408,103	0	62,408,103	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	1,438,374	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,515,724	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,954,098	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	1,438,374	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,515,724	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,954,098	3.00

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
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)			0		0.00	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)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-682,284				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,030,470				0	12.00
13.00 Laundry and linen service	B	-1,742		LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-12,310		DIETARY	10.00	0	14.00
15.00 Rental of quarters to employees and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-342		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-17,506		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			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00

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	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 INTEREST EXPENSE	A	-123,809	INTEREST EXPENSE	113.00	0	33.00
34.00 MISCELLANEOUS INCOME	B	-860	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00 MISCELLANEOUS INCOME	B	-6,202	PURCHASING RECEIVING AND STORES	5.03	0	35.00
36.00 MISCELLANEOUS INCOME	B	-405,842	ADMIN & GENERAL	5.06	0	36.00
37.00 MISCELLANEOUS INCOME	B	-38	OPERATION OF PLANT	7.00	0	37.00
38.00 MISCELLANEOUS INCOME	B	-884	NURSERY	43.00	0	38.00
39.00 MISCELLANEOUS INCOME	B	-40,080	PHYSICAL THERAPY	66.00	0	39.00
40.00 BANK FEES	B	7,148	RURAL HEALTH CLINIC	88.00	0	40.00
41.00 LOBBYING EXPENSES	A	-19,798	ADMIN & GENERAL	5.06	0	41.00
42.00 MARKETING	A	-4,621	RURAL HEALTH CLINIC	88.00	0	42.00
43.00 MARKETING	A	-211,674	ADMIN & GENERAL	5.06	0	43.00
44.00 CRNA	A	-672,358	NONPHYSICIAN ANESTHETISTS	19.00	0	44.00
45.00 MEDICAID PROVIDER TAX	A	-1,153,008	ADMIN & GENERAL	5.06	0	45.00
46.00 NON-ALLOWABLE EXPENSE	A	11,966	ADMIN & GENERAL	5.06	0	46.00
47.00 EMPLOYEE SELF-INSURANCE	A	-1,410,608	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
48.00 MEDICAL GROUP EXPENSE	A	-1,124,264	PHYSICIANS PRIVATE OFFICES	192.00	0	48.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,838,646				50.00

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

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

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.02	DATA PROCESSING	3,068,791	1,995,203	1.00
2.00	5.06	ADMIN & GENERAL	1,052,548	1,072,441	2.00
3.00	5.06	ADMIN & GENERAL		23,225	3.00
4.00	0.00		0	0	4.00
4.01	0.00		0	0	4.01
4.02	0.00		0	0	4.02
4.03	0.00		0	0	4.03
4.04	0.00		0	0	4.04
4.05	0.00		0	0	4.05
4.06	0.00		0	0	4.06
4.07	0.00		0	0	4.07
4.08	0.00		0	0	4.08
4.09	0.00		0	0	4.09
4.10	0.00		0	0	4.10
4.11	0.00		0	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		4,121,339	3,090,869	5.00

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

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

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

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

6.00	B		100.00	HSHS	0.00	6.00
7.00	G		0.00	HSHS MEDICAL GROUP	0.00	7.00
8.00	G		0.00	ST. ELIZABETH BELLEVILLE	0.00	8.00
9.00	G		0.00	ST. JOHNS HOSPITAL	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SISTER				100.00

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

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

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

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:  
11/28/2016 8:31 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,073,588	0		1.00
2.00	-19,893	0		2.00
3.00	-23,225	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	1,030,470			5.00

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

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

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

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

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

6.00	CORPORATE OFFICE		6.00
7.00	PHYSICIAN OFFICES		7.00
8.00	SISTER HOSPITAL		8.00
9.00	SISTER HOSPITAL		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-8-2

Date/Time Prepared:  
11/28/2016 8:31 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	5.06 ADMIN & GENERAL	5,324	3,439	1,885	211,500	13
2.00	43.00 NURSERY	53,511	0	53,511	211,500	446
3.00	50.00 OPERATING ROOM	94,500	94,500	0	246,400	0
4.00	60.00 LABORATORY	110,643	18,142	92,501	260,300	740
5.00	65.00 RESPIRATORY THERAPY	89,880	0	89,880	211,500	749
6.00	66.00 PHYSICAL THERAPY	48,180	0	48,180	211,500	402
7.00	69.00 ELECTROCARDIOLOGY	28,242	28,242	0	211,500	0
8.00	91.00 EMERGENCY	244,897	244,897	0	211,500	0
9.00	91.01 PRIORITY CARE CARLYLE	263,316	263,316	0	211,500	0
10.00	0.00	0	0	0	0	0
200.00		938,493	652,536	285,957		2,350

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance
1.00	2.00	8.00	9.00	12.00	13.00	14.00
1.00	5.06 ADMIN & GENERAL	1,322	66	0	0	0
2.00	43.00 NURSERY	45,350	2,268	0	0	0
3.00	50.00 OPERATING ROOM	0	0	0	0	0
4.00	60.00 LABORATORY	92,607	4,630	0	0	0
5.00	65.00 RESPIRATORY THERAPY	76,160	3,808	0	0	0
6.00	66.00 PHYSICAL THERAPY	40,876	2,044	0	0	0
7.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
8.00	91.00 EMERGENCY	0	0	0	0	0
9.00	91.01 PRIORITY CARE CARLYLE	0	0	0	0	0
10.00	0.00	0	0	0	0	0
200.00		256,315	12,816	0	0	0

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	2.00	15.00	16.00	17.00	18.00
1.00	5.06 ADMIN & GENERAL	0	1,322	563	4,002
2.00	43.00 NURSERY	0	45,350	8,161	8,161
3.00	50.00 OPERATING ROOM	0	0	0	94,500
4.00	60.00 LABORATORY	0	92,607	0	18,142
5.00	65.00 RESPIRATORY THERAPY	0	76,160	13,720	13,720
6.00	66.00 PHYSICAL THERAPY	0	40,876	7,304	7,304
7.00	69.00 ELECTROCARDIOLOGY	0	0	0	28,242
8.00	91.00 EMERGENCY	0	0	0	244,897
9.00	91.01 PRIORITY CARE CARLYLE	0	0	0	263,316
10.00	0.00	0	0	0	0
200.00		0	256,315	29,748	682,284

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,438,374	1,438,374			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,515,724		1,515,724		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,047,168	3,671	6,608	5,057,447	4.00
5.01 00540	NONPATIENT TELEPHONES	99,548	2,286	116	0	101,950 5.01
5.02 00550	DATA PROCESSING	3,194,006	15,805	284,268	0	5,647 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	156,482	42,059	0	17,088	763 5.03
5.04 00570	ADMINISTRATIVE	498,887	10,537	3,214	136,212	763 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,991	0	0	0 5.05
5.06 00590	ADMIN & GENERAL	5,914,478	309,584	48,740	670,603	7,936 5.06
7.00 00700	OPERATION OF PLANT	1,881,406	78,667	0	136,714	3,510 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	142,883	21,982	2,196	36,775	153 8.00
9.00 00900	HOUSEKEEPING	662,476	9,035	0	129,751	1,068 9.00
10.00 01000	DIETARY	71,397	25,653	8,323	16,695	1,221 10.00
11.00 01100	CAFETERIA	531,726	15,739	0	92,222	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	576,913	7,195	1,055	156,958	763 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	495,318	10,017	21,589	119,163	4,579 16.00
17.00 01700	SOCIAL SERVICE	87,751	1,451	645	22,217	916 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	7,404	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,680,751	93,739	121,812	451,431	19,992 30.00
31.00 03100	INTENSIVE CARE UNIT	7,078	15,314	1,691	1,859	916 31.00
43.00 04300	NURSERY	342,385	6,038	26,087	79,310	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,520,543	81,634	190,988	389,378	6,715 50.00
51.00 05100	RECOVERY ROOM	34,952	6,038	13,393	9,556	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	459,789	16,391	38,207	127,168	0 52.00
53.00 05300	ANESTHESIOLOGY	651,904	4,059	30,641	5,167	153 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,469,324	46,712	220,393	343,510	3,358 54.00
57.00 05700	CT SCAN	161,608	3,165	58,699	32,605	0 57.00
58.00 05800	MRI	167,920	2,257	0	21,607	0 58.00
60.00 06000	LABORATORY	2,401,515	31,200	113,265	282,654	2,900 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING PROCESSING & TRA	82,290	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	430,078	9,533	10,200	90,295	1,679 65.00
66.00 06600	PHYSICAL THERAPY	1,613,053	118,667	20,728	384,134	5,342 66.00
69.00 06900	ELECTROCARDIOLOGY	27,365	0	35,596	6,677	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	47,363	5,129	838	12,062	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	1,278,688	6,448	4,543	16,257	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	277,767	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,990,087	5,906	8,808	131,964	763 73.00
76.97 07697	CARDIAC REHABILITATION	117,292	12,002	16,366	32,016	610 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	3,479,608	71,164	26,667	318,281	14,041 88.00
88.01 08801	RURAL HEALTH CLINIC II	210,355	2,931	5,907	19,528	0 88.01
88.02 08802	RURAL HEALTH CLINIC III	624,001	11,709	12,844	104,725	0 88.02
88.03 08803	RURAL HEALTH CLINIC IV	253,680	3,371	8,662	21,834	0 88.03
88.04 08804	RURAL HEALTH CLINIC V	988,044	31,654	18,147	95,312	0 88.04
91.00 09100	EMERGENCY	948,072	45,606	13,108	244,948	2,595 91.00
91.01 09101	PRIORITY CARE CARLYLE	513,184	14,376	36,105	119,774	0 91.01
91.02 09102	PRIORITY CARE NEW BADEN	0	0	0	0	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,093,233	1,209,715	1,410,449	4,883,854	86,383 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200	PHYSICIANS PRIVATE OFFICES	1,541,349	228,659	105,275	171,370	15,567 192.00
194.00 07950	LIFELINE	34,689	0	0	2,223	0 194.00
194.01 07951	DEVELOPMENT	0	0	0	0	0 194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					0 201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
202.00   TOTAL (sum lines 118-201)	45,669,271	1,438,374	1,515,724	5,057,447	101,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/28/2016 8:31 pm		
Cost Center	Description	DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550	3,499,726				5.02
5.03	00560	0	216,392			5.03
5.04	00570	0	396	650,009		5.04
5.05	00580	3,499,726	0	0	3,510,717	5.05
5.06	00590	0	900	0	0	6,952,241
7.00	00700	0	3,035	0	0	2,103,332
8.00	00800	0	542	0	0	204,531
9.00	00900	0	531	0	0	802,861
10.00	01000	0	75	0	0	123,364
11.00	01100	0	0	0	0	639,687
12.00	01200	0	0	0	0	0
13.00	01300	0	334	0	0	743,218
14.00	01400	0	0	0	0	0
15.00	01500	0	0	0	0	0
16.00	01600	0	229	0	0	650,895
17.00	01700	0	145	0	0	113,125
19.00	01900	0	0	0	0	7,404
20.00	02000	0	0	0	0	0
21.00	02100	0	0	0	0	0
22.00	02200	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	1,076	19,266	104,049	2,492,116
31.00	03100	0	0	38	203	27,099
43.00	04300	0	222	5,844	31,561	491,447
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	1,773	70,376	380,075	2,641,482
51.00	05100	0	26	4,710	25,436	94,111
52.00	05200	0	49	13,212	71,353	726,169
53.00	05300	0	244	12,761	68,916	773,845
54.00	05400	0	620	72,478	391,424	2,547,819
57.00	05700	0	0	71,230	384,687	711,994
58.00	05800	0	1	21,958	118,589	332,332
60.00	06000	0	31,635	146,379	790,812	3,800,360
62.30	06250	0	0	0	0	0
63.00	06300	0	3,957	3,345	18,065	107,657
65.00	06500	0	1,299	7,236	39,077	589,397
66.00	06600	0	603	30,077	162,433	2,335,037
69.00	06900	0	53	9,432	50,940	130,063
70.00	07000	0	154	3,500	18,904	87,950
71.00	07100	0	59,108	19,697	106,373	1,491,114
72.00	07200	0	13,355	3,016	16,286	310,424
73.00	07300	0	66,345	34,218	184,797	2,422,888
76.97	07697	0	86	1,791	9,671	189,834
76.98	07698	0	0	0	0	0
76.99	07699	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	0	15,495	31,466	169,937	4,126,659
88.01	08801	0	603	1,570	8,478	249,372
88.02	08802	0	620	4,438	23,967	782,304
88.03	08803	0	301	1,976	10,673	300,497
88.04	08804	0	4,156	7,950	42,937	1,188,200
91.00	09100	0	697	44,128	238,319	1,537,473
91.01	09101	0	2,463	7,917	42,755	736,574
91.02	09102	0	0	0	0	0
92.00	09200	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	0	0	0	0	0
118.00		3,499,726	211,128	650,009	3,510,717	43,564,875
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00	19200	0	5,264	0	0	2,067,484
194.00	07950	0	0	0	0	36,912
194.01	07951	0	0	0	0	0
200.00		0	0	0	0	0
201.00		0	0	0	0	0
202.00		3,499,726	216,392	650,009	3,510,717	45,669,271

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/28/2016 8:31 pm		
Cost Center Description			ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMIN & GENERAL	6,952,241				5.06
7.00	00700	OPERATION OF PLANT	377,685	2,481,017			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,727	56,529	297,787		8.00
9.00	00900	HOUSEKEEPING	144,166	23,234	24,856	995,117	9.00
10.00	01000	DIETARY	22,152	65,970	2,598	4,422	218,506
11.00	01100	CAFETERIA	114,865	40,475	0	34,096	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	133,456	18,504	0	9,542	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	116,878	25,759	0	10,124	0
17.00	01700	SOCIAL SERVICE	20,313	3,731	0	3,142	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,329	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	447,497	241,060	85,276	414,267	218,506
31.00	03100	INTENSIVE CARE UNIT	4,866	39,382	178	3,724	0
43.00	04300	NURSERY	88,247	15,527	2,444	14,022	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	474,318	209,931	69,241	0	0
51.00	05100	RECOVERY ROOM	16,899	15,527	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,395	42,152	22,620	27,754	0
53.00	05300	ANESTHESIOLOGY	138,955	10,439	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	457,499	120,125	27,310	76,803	0
57.00	05700	CT SCAN	127,849	8,140	0	0	0
58.00	05800	MRI	59,675	5,804	0	0	0
60.00	06000	LABORATORY	682,412	80,234	81	61,268	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRA	19,331	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	105,835	24,515	0	13,324	0
66.00	06600	PHYSICAL THERAPY	419,291	305,164	17,857	119,684	0
69.00	06900	ELECTROCARDIOLOGY	23,355	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15,793	13,190	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	267,752	16,582	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,741	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	435,066	15,188	0	7,913	0
76.97	07697	CARDIAC REHABILITATION	34,088	30,865	1,045	8,437	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	741,021	183,004	504	72,613	0
88.01	08801	RURAL HEALTH CLINIC II	44,778	7,537	0	0	0
88.02	08802	RURAL HEALTH CLINIC III	140,474	30,111	0	0	0
88.03	08803	RURAL HEALTH CLINIC IV	53,959	8,668	0	0	0
88.04	08804	RURAL HEALTH CLINIC V	213,359	81,402	0	0	0
91.00	09100	EMERGENCY	276,076	117,280	24,879	105,196	0
91.01	09101	PRIORITY CARE CARLYLE	132,263	36,970	0	0	0
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,574,365	1,892,999	278,889	986,331	218,506
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS PRIVATE OFFICES	371,248	588,018	18,898	8,786	0
194.00	07950	LIFELINE	6,628	0	0	0	0
194.01	07951	DEVELOPMENT	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,952,241	2,481,017	297,787	995,117	218,506

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	829,123					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	21,785	0	926,505			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,655	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,766	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,821	0	182,817	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	292	0	519	0	0	31.00
43.00	04300	NURSERY	13,441	0	25,089	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,607	0	139,421	0	0	50.00
51.00	05100	RECOVERY ROOM	1,721	0	3,203	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,551	0	47,733	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,887	0	0	0	0	54.00
57.00	05700	CT SCAN	5,584	0	0	0	0	57.00
58.00	05800	MRI	3,766	0	0	0	0	58.00
60.00	06000	LABORATORY	66,458	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	19,090	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	85,516	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,364	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,695	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,753	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	16,460	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	6,850	0	12,773	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	101,522	0	189,694	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	5,617	0	10,513	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	20,032	0	37,433	0	0	88.02
88.03	08803	RURAL HEALTH CLINIC IV	6,363	0	11,884	0	0	88.03
88.04	08804	RURAL HEALTH CLINIC V	24,512	0	45,817	0	0	88.04
91.00	09100	EMERGENCY	41,492	0	77,541	0	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	26,038	0	48,690	0	0	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	778,638	0	833,136	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	49,966	0	93,369	0	0	192.00
194.00	07950	LIFELINE	519	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	829,123	0	926,505	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES A
	16.00	17.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMIN & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	835,311					16.00
17.00 01700 SOCIAL SERVICE	0	144,077				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	8,733			19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	418,131	135,371	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	81,912	0	8,733	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	137,155	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	66,355	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	952	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 PAT	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
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	51,751	0	0	0	0	88.00
88.01 08801 RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02 08802 RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
88.03 08803 RURAL HEALTH CLINIC IV	0	0	0	0	0	88.03
88.04 08804 RURAL HEALTH CLINIC V	0	0	0	0	0	88.04
91.00 09100 EMERGENCY	46,036	8,706	0	0	0	91.00
91.01 09101 PRIORITY CARE CARLYLE	3,175	0	0	0	0	91.01
91.02 09102 PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	805,467	144,077	8,733	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200 PHYSICIANS PRIVATE OFFICES	29,844	0	0	0	0	192.00
194.00 07950 LIFELINE	0	0	0	0	0	194.00
194.01 07951 DEVELOPMENT	0	0	0	0	0	194.01
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)	835,311	144,077	8,733	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS A	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMIN & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	4,732,862	0	4,732,862
31.00	03100	INTENSIVE CARE UNIT	0	76,060	0	76,060
43.00	04300	NURSERY	0	650,217	0	650,217
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	3,699,645	0	3,699,645
51.00	05100	RECOVERY ROOM	0	131,461	0	131,461
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,022,374	0	1,022,374
53.00	05300	ANESTHESIOLOGY	0	923,248	0	923,248
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,434,598	0	3,434,598
57.00	05700	CT SCAN	0	853,567	0	853,567
58.00	05800	MRI	0	401,577	0	401,577
60.00	06000	LABORATORY	0	4,757,168	0	4,757,168
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	126,988	0	126,988
65.00	06500	RESPIRATORY THERAPY	0	752,161	0	752,161
66.00	06600	PHYSICAL THERAPY	0	3,283,501	0	3,283,501
69.00	06900	ELECTROCARDIOLOGY	0	154,782	0	154,782
70.00	07000	ELECTROENCEPHALOGRAPHY	0	119,628	0	119,628
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,782,201	0	1,782,201
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	366,165	0	366,165
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,897,515	0	2,897,515
76.97	07697	CARDIAC REHABILITATION	0	283,892	0	283,892
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	5,466,768	0	5,466,768
88.01	08801	RURAL HEALTH CLINIC II	0	317,817	0	317,817
88.02	08802	RURAL HEALTH CLINIC III	0	1,010,354	0	1,010,354
88.03	08803	RURAL HEALTH CLINIC IV	0	381,371	0	381,371
88.04	08804	RURAL HEALTH CLINIC V	0	1,553,290	0	1,553,290
91.00	09100	EMERGENCY	0	2,234,679	0	2,234,679
91.01	09101	PRIORITY CARE CARLYLE	0	983,710	0	983,710
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	42,397,599	0	42,397,599
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,227,613	0	3,227,613
194.00	07950	LIFELINE	0	44,059	0	44,059
194.01	07951	DEVELOPMENT	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS A					
	22.00	24.00	25.00	26.00		
202.00   TOTAL (sum lines 118-201)	0	45,669,271	0	45,669,271		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,671	6,608	10,279	10,279
5.01 00540	NONPATIENT TELEPHONES	0	2,286	116	2,402	0
5.02 00550	DATA PROCESSING	798,480	15,805	284,268	1,098,553	0
5.03 00560	PURCHASING RECEIVING AND STORES	0	42,059	0	42,059	35
5.04 00570	ADMINISTRATIVE	0	10,537	3,214	13,751	277
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,991	0	10,991	0
5.06 00590	ADMIN & GENERAL	30,642	309,584	48,740	388,966	1,366
7.00 00700	OPERATION OF PLANT	0	78,667	0	78,667	278
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,982	2,196	24,178	75
9.00 00900	HOUSEKEEPING	0	9,035	0	9,035	264
10.00 01000	DIETARY	0	25,653	8,323	33,976	34
11.00 01100	CAFETERIA	0	15,739	0	15,739	187
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	7,195	1,055	8,250	319
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	10,017	21,589	31,606	242
17.00 01700	SOCIAL SERVICE	0	1,451	645	2,096	45
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	15
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,034	93,739	121,812	216,585	917
31.00 03100	INTENSIVE CARE UNIT	0	15,314	1,691	17,005	4
43.00 04300	NURSERY	0	6,038	26,087	32,125	161
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	81,634	190,988	272,622	791
51.00 05100	RECOVERY ROOM	0	6,038	13,393	19,431	19
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	16,391	38,207	54,598	258
53.00 05300	ANESTHESIOLOGY	0	4,059	30,641	34,700	10
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	46,712	220,393	267,105	698
57.00 05700	CT SCAN	24,200	3,165	58,699	86,064	66
58.00 05800	MRI	0	2,257	0	2,257	44
60.00 06000	LABORATORY	57,345	31,200	113,265	201,810	574
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	9,533	10,200	19,733	183
66.00 06600	PHYSICAL THERAPY	0	118,667	20,728	139,395	780
69.00 06900	ELECTROCARDIOLOGY	0	0	35,596	35,596	14
70.00 07000	ELECTROENCEPHALOGRAPHY	720	5,129	838	6,687	25
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	750	6,448	4,543	11,741	33
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	56,852	5,906	8,808	71,566	268
76.97 07697	CARDIAC REHABILITATION	0	12,002	16,366	28,368	65
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LI THOTRI PSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	470	71,164	26,667	98,301	647
88.01 08801	RURAL HEALTH CLINIC II	0	2,931	5,907	8,838	40
88.02 08802	RURAL HEALTH CLINIC III	71,910	11,709	12,844	96,463	213
88.03 08803	RURAL HEALTH CLINIC IV	0	3,371	8,662	12,033	44
88.04 08804	RURAL HEALTH CLINIC V	46	31,654	18,147	49,847	194
91.00 09100	EMERGENCY	26,928	45,606	13,108	85,642	498
91.01 09101	PRIORITY CARE CARLYLE	42,074	14,376	36,105	92,555	243
91.02 09102	PRIORITY CARE NEW BADEN	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,111,451	1,209,715	1,410,449	3,731,615	9,926
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	228,659	105,275	333,934	348
194.00 07950	LIFELINE	0	0	0	0	5
194.01 07951	DEVELOPMENT	0	0	0	0	0
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	1,111,451	1,438,374	1,515,724	4,065,549	10,279

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/28/2016 8:31 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	2,402					5.01
5.02	00550	DATA PROCESSING	133	1,098,686				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	18	0	42,112			5.03
5.04	00570	ADMINISTRATIVE	18	0	77	14,123		5.04
5.05	00580	CASHIERING/AC COUNTS RECEIVABLE	0	1,098,686	0	0	1,109,677	5.05
5.06	00590	ADMIN & GENERAL	187	0	175	0	0	5.06
7.00	00700	OPERATION OF PLANT	83	0	591	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4	0	106	0	0	8.00
9.00	00900	HOUSEKEEPING	25	0	103	0	0	9.00
10.00	01000	DIETARY	29	0	15	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	18	0	65	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	108	0	45	0	0	16.00
17.00	01700	SOCIAL SERVICE	22	0	28	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	469	0	209	419	32,888	30.00
31.00	03100	INTENSIVE CARE UNIT	22	0	0	1	64	31.00
43.00	04300	NURSERY	0	0	43	127	9,976	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	158	0	345	1,530	120,135	50.00
51.00	05100	RECOVERY ROOM	0	0	5	102	8,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10	287	22,554	52.00
53.00	05300	ANESTHESIOLOGY	4	0	48	278	21,783	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79	0	121	1,576	123,723	54.00
57.00	05700	CT SCAN	0	0	0	1,549	121,593	57.00
58.00	05800	MRI	0	0	0	478	37,484	58.00
60.00	06000	LABORATORY	68	0	6,157	3,171	249,960	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	770	73	5,710	63.00
65.00	06500	RESPIRATORY THERAPY	40	0	253	157	12,352	65.00
66.00	06600	PHYSICAL THERAPY	126	0	117	654	51,342	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10	205	16,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	30	76	5,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	11,503	428	33,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,599	66	5,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18	0	12,910	744	58,411	73.00
76.97	07697	CARDIAC REHABILITATION	14	0	17	39	3,057	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	331	0	3,015	684	53,714	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	117	34	2,680	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	121	97	7,575	88.02
88.03	08803	RURAL HEALTH CLINIC IV	0	0	59	43	3,374	88.03
88.04	08804	RURAL HEALTH CLINIC V	0	0	809	173	13,572	88.04
91.00	09100	EMERGENCY	61	0	136	960	75,329	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	479	172	13,514	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,035	1,098,686	41,088	14,123	1,109,677	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS PRIVATE OFFICES	367	0	1,024	0	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	2,402	1,098,686	42,112	14,123	1,109,677	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/28/2016 8:31 pm
-------------------------------------	--	----------------------	---------------------------------------------	---------------------------------------------------------------------

Cost Center Description		ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMIN & GENERAL					5.06
7.00	00700	390,694	21,225	100,844			7.00
8.00	00800	2,064	2,298	28,725			8.00
9.00	00900	8,102	944	2,398	20,871		9.00
10.00	01000	1,245	2,681	251	93	38,324	10.00
11.00	01100	6,455	1,645	0	715	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	7,500	752	0	200	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	6,568	1,047	0	212	0	16.00
17.00	01700	1,142	152	0	66	0	17.00
19.00	01900	75	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	25,148	9,798	8,224	8,690	38,324	30.00
31.00	03100	273	1,601	17	78	0	31.00
43.00	04300	4,959	631	236	294	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	26,655	8,533	6,679	0	0	50.00
51.00	05100	950	631	0	0	0	51.00
52.00	05200	7,328	1,713	2,182	582	0	52.00
53.00	05300	7,809	424	0	0	0	53.00
54.00	05400	25,710	4,883	2,634	1,611	0	54.00
57.00	05700	7,185	331	0	0	0	57.00
58.00	05800	3,354	236	0	0	0	58.00
60.00	06000	38,349	3,261	8	1,285	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	1,086	0	0	0	0	63.00
65.00	06500	5,948	996	0	279	0	65.00
66.00	06600	23,563	12,404	1,723	2,510	0	66.00
69.00	06900	1,312	0	0	0	0	69.00
70.00	07000	888	536	0	0	0	70.00
71.00	07100	15,047	674	0	0	0	71.00
72.00	07200	3,132	0	0	0	0	72.00
73.00	07300	24,449	617	0	166	0	73.00
76.97	07697	1,916	1,255	101	177	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	41,642	7,438	49	1,523	0	88.00
88.01	08801	2,516	306	0	0	0	88.01
88.02	08802	7,894	1,224	0	0	0	88.02
88.03	08803	3,032	352	0	0	0	88.03
88.04	08804	11,990	3,309	0	0	0	88.04
91.00	09100	15,515	4,767	2,400	2,206	0	91.00
91.01	09101	7,433	1,503	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)					118.00
		369,459	76,942	26,902	20,687	38,324	
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	20,863	23,902	1,823	184	0	192.00
194.00	07950	372	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118-201)					202.00
		390,694	100,844	28,725	20,871	38,324	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	24,741					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	650		17,754			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	945	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	112	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,919	0	3,503	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9	0	10	0	0	31.00
43.00	04300	NURSERY	401	0	481	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,226	0	2,672	0	0	50.00
51.00	05100	RECOVERY ROOM	51	0	61	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	762	0	915	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,026	0	0	0	0	54.00
57.00	05700	CT SCAN	167	0	0	0	0	57.00
58.00	05800	MRI	112	0	0	0	0	58.00
60.00	06000	LABORATORY	1,983	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	570	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,552	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	41	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	202	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	491	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	204	0	245	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	3,029	0	3,635	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	168	0	201	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	598	0	717	0	0	88.02
88.03	08803	RURAL HEALTH CLINIC IV	190	0	228	0	0	88.03
88.04	08804	RURAL HEALTH CLINIC V	731	0	878	0	0	88.04
91.00	09100	EMERGENCY	1,238	0	1,486	0	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	777	0	933	0	0	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,234	0	15,965	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,491	0	1,789	0	0	192.00
194.00	07950	LIFELINE	16	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	24,741	0	17,754	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
	16.00	17.00	19.00	20.00	SERVICES-SALARY & FRINGES A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMIN & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	40,773					16.00
17.00 01700 SOCIAL SERVICE	0	3,663				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	90			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	20,410	3,442				30.00
31.00 03100 INTENSIVE CARE UNIT	0	0				31.00
43.00 04300 NURSERY	0	0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,998	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00 05300 ANESTHESIOLOGY	0	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,695	0				54.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MRI	0	0				58.00
60.00 06000 LABORATORY	3,239	0				60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0				62.30
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0				63.00
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00 06600 PHYSICAL THERAPY	46	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 PAT	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
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99 07699 LI THOTRI PSY	0	0				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	2,526	0				88.00
88.01 08801 RURAL HEALTH CLINIC II	0	0				88.01
88.02 08802 RURAL HEALTH CLINIC III	0	0				88.02
88.03 08803 RURAL HEALTH CLINIC IV	0	0				88.03
88.04 08804 RURAL HEALTH CLINIC V	0	0				88.04
91.00 09100 EMERGENCY	2,247	221				91.00
91.01 09101 PRIORITY CARE CARLYLE	155	0				91.01
91.02 09102 PRIORITY CARE NEW BADEN	0	0				91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	39,316	3,663	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200 PHYSICIANS PRIVATE OFFICES	1,457	0				192.00
194.00 07950 LIFELINE	0	0				194.00
194.01 07951 DEVELOPMENT	0	0				194.01
200.00	Cross Foot Adjustments		90	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	40,773	3,663	90	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS A				
	22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	ADMIN & GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
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
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	371,945	0	371,945	30.00
31.00 03100	INTENSIVE CARE UNIT	19,084	0	19,084	31.00
43.00 04300	NURSERY	49,434	0	49,434	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	446,344	0	446,344	50.00
51.00 05100	RECOVERY ROOM	29,290	0	29,290	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	91,189	0	91,189	52.00
53.00 05300	ANESTHESIOLOGY	65,056	0	65,056	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	436,861	0	436,861	54.00
57.00 05700	CT SCAN	216,955	0	216,955	57.00
58.00 05800	MRI	43,965	0	43,965	58.00
60.00 06000	LABORATORY	509,865	0	509,865	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRA	7,639	0	7,639	63.00
65.00 06500	RESPIRATORY THERAPY	40,511	0	40,511	65.00
66.00 06600	PHYSICAL THERAPY	235,212	0	235,212	66.00
69.00 06900	ELECTROCARDIOLOGY	53,279	0	53,279	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	14,297	0	14,297	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	73,251	0	73,251	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,945	0	10,945	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	169,640	0	169,640	73.00
76.97 07697	CARDIAC REHABILITATION	35,458	0	35,458	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	216,534	0	216,534	88.00
88.01 08801	RURAL HEALTH CLINIC II	14,900	0	14,900	88.01
88.02 08802	RURAL HEALTH CLINIC III	114,902	0	114,902	88.02
88.03 08803	RURAL HEALTH CLINIC IV	19,355	0	19,355	88.03
88.04 08804	RURAL HEALTH CLINIC V	81,503	0	81,503	88.04
91.00 09100	EMERGENCY	192,706	0	192,706	91.00
91.01 09101	PRIORITY CARE CARLYLE	117,764	0	117,764	91.01
91.02 09102	PRIORITY CARE NEW BADEN	0	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,677,884	0	3,677,884
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00 19200	PHYSICIANS PRIVATE OFFICES		387,182	0	387,182
194.00 07950	LIFELINE		393	0	393
194.01 07951	DEVELOPMENT		0	0	0
200.00	Cross Foot Adjustments	0	90	0	90
201.00	Negative Cost Centers	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS A					
	22.00	24.00	25.00	26.00		
202.00   TOTAL (sum lines 118-201)	0	4,065,549	0	4,065,549		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	
	1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	196,301				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,515,724			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	501	6,608	18,217,733		4.00
5.01 00540	NONPATIENT TELEPHONES	312	116	0	668	5.01
5.02 00550	DATA PROCESSING	2,157	284,268	0	37	10,000
5.03 00560	PURCHASING RECEIVING AND STORES	5,740	0	61,553	5	0
5.04 00570	ADMINISTRATIVE	1,438	3,214	490,658	5	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,500	0	0	0	10,000
5.06 00590	ADMIN & GENERAL	42,250	48,740	2,415,608	52	0
7.00 00700	OPERATION OF PLANT	10,736	0	492,466	23	0
8.00 00800	LAUNDRY & LINEN SERVICE	3,000	2,196	132,469	1	0
9.00 00900	HOUSEKEEPING	1,233	0	467,386	7	0
10.00 01000	DIETARY	3,501	8,323	60,139	8	0
11.00 01100	CAFETERIA	2,148	0	332,199	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	982	1,055	565,387	5	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,367	21,589	429,244	30	0
17.00 01700	SOCIAL SERVICE	198	645	80,029	6	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	26,669	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	12,793	121,812	1,626,129	131	0
31.00 03100	INTENSIVE CARE UNIT	2,090	1,691	6,695	6	0
43.00 04300	NURSERY	824	26,087	285,687	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	11,141	190,988	1,402,604	44	0
51.00 05100	RECOVERY ROOM	824	13,393	34,421	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,237	38,207	458,080	0	0
53.00 05300	ANESTHESIOLOGY	554	30,641	18,614	1	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,375	220,393	1,237,379	22	0
57.00 05700	CT SCAN	432	58,699	117,448	0	0
58.00 05800	MRI	308	0	77,832	0	0
60.00 06000	LABORATORY	4,258	113,265	1,018,165	19	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,301	10,200	325,259	11	0
66.00 06600	PHYSICAL THERAPY	16,195	20,728	1,383,714	35	0
69.00 06900	ELECTROCARDIOLOGY	0	35,596	24,050	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	700	838	43,449	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	880	4,543	58,559	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	806	8,808	475,355	5	0
76.97 07697	CARDIAC REHABILITATION	1,638	16,366	115,328	4	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	9,712	26,667	1,146,499	92	0
88.01 08801	RURAL HEALTH CLINIC II	400	5,907	70,344	0	0
88.02 08802	RURAL HEALTH CLINIC III	1,598	12,844	377,237	0	0
88.03 08803	RURAL HEALTH CLINIC IV	460	8,662	78,649	0	0
88.04 08804	RURAL HEALTH CLINIC V	4,320	18,147	343,328	0	0
91.00 09100	EMERGENCY	6,224	13,108	882,343	17	0
91.01 09101	PRIORITY CARE CARLYLE	1,962	36,105	431,445	0	0
91.02 09102	PRIORITY CARE NEW BADEN	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	165,095	1,410,449	17,592,420	566	10,000
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200	PHYSICIANS PRIVATE OFFICES	31,206	105,275	617,304	102	0
194.00 07950	LIFELINE	0	0	8,009	0	0
194.01 07951	DEVELOPMENT	0	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
202.00 Cost to be allocated (per Wkst. B, Part I)	1,438,374	1,515,724	5,057,447	101,950	3,499,726	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.327390	1.000000	0.277611	152.619760	349.972600	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			10,279	2,402	1,098,686	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000564	3.595808	109.868600	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXP)	ADMINING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,500,611					5.03
5.04	00570	ADMINING	8,229	116,833,348				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	116,833,348			5.05
5.06	00590	ADMIN & GENERAL	18,717	0	0	-6,952,241	38,717,030	5.06
7.00	00700	OPERATION OF PLANT	63,123	0	0	0	2,103,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,275	0	0	0	204,531	8.00
9.00	00900	HOUSEKEEPING	11,041	0	0	0	802,861	9.00
10.00	01000	DIETARY	1,561	0	0	0	123,364	10.00
11.00	01100	CAFETERIA	0	0	0	0	639,687	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,952	0	0	0	743,218	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,769	0	0	0	650,895	16.00
17.00	01700	SOCIAL SERVICE	3,019	0	0	0	113,125	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	7,404	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,381	3,462,637	3,462,637	0	2,492,116	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,740	6,740	0	27,099	31.00
43.00	04300	NURSERY	4,615	1,050,327	1,050,327	0	491,447	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,868	12,648,492	12,648,492	0	2,641,482	50.00
51.00	05100	RECOVERY ROOM	531	846,482	846,482	0	94,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,025	2,374,568	2,374,568	0	726,169	52.00
53.00	05300	ANESTHESIOLOGY	5,083	2,293,458	2,293,458	0	773,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,890	13,026,199	13,026,199	0	2,547,819	54.00
57.00	05700	CT SCAN	0	12,801,999	12,801,999	0	711,994	57.00
58.00	05800	MRI	27	3,946,508	3,946,508	0	332,332	58.00
60.00	06000	LABORATORY	657,960	26,317,728	26,317,728	0	3,800,360	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	82,290	601,169	601,169	0	107,657	63.00
65.00	06500	RESPIRATORY THERAPY	27,016	1,300,437	1,300,437	0	589,397	65.00
66.00	06600	PHYSICAL THERAPY	12,547	5,405,602	5,405,602	0	2,335,037	66.00
69.00	06900	ELECTROCARDIOLOGY	1,109	1,695,228	1,695,228	0	130,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,194	629,090	629,090	0	87,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,229,341	3,539,994	3,539,994	0	1,491,114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	277,767	541,994	541,994	0	310,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,379,873	6,149,868	6,149,868	0	2,422,888	73.00
76.97	07697	CARDIAC REHABILITATION	1,795	321,833	321,833	0	189,834	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	322,268	5,655,330	5,655,330	0	4,126,659	88.00
88.01	08801	RURAL HEALTH CLINIC II	12,541	282,135	282,135	0	249,372	88.01
88.02	08802	RURAL HEALTH CLINIC III	12,888	797,588	797,588	0	782,304	88.02
88.03	08803	RURAL HEALTH CLINIC IV	6,270	355,193	355,193	0	300,497	88.03
88.04	08804	RURAL HEALTH CLINIC V	86,436	1,428,889	1,428,889	0	1,188,200	88.04
91.00	09100	EMERGENCY	14,505	7,931,016	7,931,016	0	1,537,473	91.00
91.01	09101	PRIORITY CARE CARLYLE	51,222	1,422,844	1,422,844	0	736,574	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,391,128	116,833,348	116,833,348	-6,952,241	36,612,634	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS PRIVATE OFFICES	109,483	0	0	0	2,067,484	192.00
194.00	07950	LIFELINE	0	0	0	0	36,912	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	216,392	650,009	3,510,717		6,952,241	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140145			Period: From 07/01/2015 To 06/30/2016		Worksheet B-1 Date/Time Prepared: 11/28/2016 8:31 pm	
Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXP)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
203.00	Unit cost multiplier (Wkst. B, Part I)	0.048081	0.005564	0.030049		0.179565	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	42,112	14,123	1,109,677		390,694	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009357	0.000121	0.009498		0.010091	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700	131,667					7.00
8.00	00800	3,000	270,591				8.00
9.00	00900	1,233	22,586	17,103			9.00
10.00	01000	3,501	2,361	76	10,000		10.00
11.00	01100	2,148	0	586	0	25,538	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	982	0	164	0	671	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	1,367	0	174	0	975	16.00
17.00	01700	198	0	54	0	116	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	12,793	77,487	7,120	10,000	3,013	30.00
31.00	03100	2,090	162	64	0	9	31.00
43.00	04300	824	2,221	241	0	414	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	11,141	62,917	0	0	2,298	50.00
51.00	05100	824	0	0	0	53	51.00
52.00	05200	2,237	20,554	477	0	787	52.00
53.00	05300	554	0	0	0	0	53.00
54.00	05400	6,375	24,816	1,320	0	2,091	54.00
57.00	05700	432	0	0	0	172	57.00
58.00	05800	308	0	0	0	116	58.00
60.00	06000	4,258	74	1,053	0	2,047	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,301	0	229	0	588	65.00
66.00	06600	16,195	16,226	2,057	0	2,634	66.00
69.00	06900	0	0	0	0	42	69.00
70.00	07000	700	0	0	0	83	70.00
71.00	07100	880	0	0	0	208	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	806	0	136	0	507	73.00
76.97	07697	1,638	950	145	0	211	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	9,712	458	1,248	0	3,127	88.00
88.01	08801	400	0	0	0	173	88.01
88.02	08802	1,598	0	0	0	617	88.02
88.03	08803	460	0	0	0	196	88.03
88.04	08804	4,320	0	0	0	755	88.04
91.00	09100	6,224	22,607	1,808	0	1,278	91.00
91.01	09101	1,962	0	0	0	802	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		100,461	253,419	16,952	10,000	23,983	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	31,206	17,172	151	0	1,539	192.00
194.00	07950	0	0	0	0	16	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		2,481,017	297,787	995,117	218,506	829,123	202.00
203.00		18.843119	1.100506	58.183769	21.850600	32.466246	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	100,844	28,725	20,871	38,324	24,741	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.765902	0.106157	1.220312	3.832400	0.968792	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	317,628				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,631	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	62,674	0	0	1,317	30.00
31.00	03100	INTENSIVE CARE UNIT	0	178	0	0	0	31.00
43.00	04300	NURSERY	0	8,601	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	47,797	0	0	258	50.00
51.00	05100	RECOVERY ROOM	0	1,098	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,364	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	432	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	209	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3	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 PAT	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
76.97	07697	CARDIAC REHABILITATION	0	4,379	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	65,032	0	0	163	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	3,604	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	12,833	0	0	0	88.02
88.03	08803	RURAL HEALTH CLINIC IV	0	4,074	0	0	0	88.03
88.04	08804	RURAL HEALTH CLINIC V	0	15,707	0	0	0	88.04
91.00	09100	EMERGENCY	0	26,583	0	0	145	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	16,692	0	0	10	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	285,619	0	0	2,537	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	32,009	0	0	94	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	926,505	0	0	835,311	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2.916950	0.000000	0.000000	317.488027	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	17,754	0	0	40,773	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.055896	0.000000	0.000000	15.497149	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMIN & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	513					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	10,000				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0				0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	482	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	10,000	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	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
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01 08801 RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02 08802 RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
88.03 08803 RURAL HEALTH CLINIC IV	0	0	0	0	0	88.03
88.04 08804 RURAL HEALTH CLINIC V	0	0	0	0	0	88.04
91.00 09100 EMERGENCY	31	0	0	0	0	91.00
91.01 09101 PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
91.02 09102 PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	513	10,000	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 LI FELINE	0	0	0	0	0	194.00
194.01 07951 DEVELOPMENT	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				17.00	19.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	144,077	8,733	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	280.851852	0.873300	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,663	90	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	7.140351	0.009000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	4,732,862		4,732,862	0	4,732,862
31.00	03100 INTENSIVE CARE UNIT	76,060		76,060	0	76,060
43.00	04300 NURSERY	650,217		650,217	8,161	658,378
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	3,699,645		3,699,645	0	3,699,645
51.00	05100 RECOVERY ROOM	131,461		131,461	0	131,461
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,022,374		1,022,374	0	1,022,374
53.00	05300 ANESTHESIOLOGY	923,248		923,248	0	923,248
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,434,598		3,434,598	0	3,434,598
57.00	05700 CT SCAN	853,567		853,567	0	853,567
58.00	05800 MRI	401,577		401,577	0	401,577
60.00	06000 LABORATORY	4,757,168		4,757,168	0	4,757,168
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0
63.00	06300 BLOOD STORING PROCESSING & TRA	126,988		126,988	0	126,988
65.00	06500 RESPIRATORY THERAPY	752,161	0	752,161	13,720	765,881
66.00	06600 PHYSICAL THERAPY	3,283,501	0	3,283,501	7,304	3,290,805
69.00	06900 ELECTROCARDIOLOGY	154,782		154,782	0	154,782
70.00	07000 ELECTROENCEPHALOGRAPHY	119,628		119,628	0	119,628
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1,782,201		1,782,201	0	1,782,201
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	366,165		366,165	0	366,165
73.00	07300 DRUGS CHARGED TO PATIENTS	2,897,515		2,897,515	0	2,897,515
76.97	07697 CARDIAC REHABILITATION	283,892		283,892	0	283,892
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699 LI THOTRI PSY	0		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	5,466,768		5,466,768	0	5,466,768
88.01	08801 RURAL HEALTH CLINIC II	317,817		317,817	0	317,817
88.02	08802 RURAL HEALTH CLINIC III	1,010,354		1,010,354	0	1,010,354
88.03	08803 RURAL HEALTH CLINIC IV	381,371		381,371	0	381,371
88.04	08804 RURAL HEALTH CLINIC V	1,553,290		1,553,290	0	1,553,290
91.00	09100 EMERGENCY	2,234,679		2,234,679	0	2,234,679
91.01	09101 PRIORITY CARE CARLYLE	983,710		983,710	0	983,710
91.02	09102 PRIORITY CARE NEW BADEN	0		0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	704,116		704,116	0	704,116
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	43,101,715	0	43,101,715	29,185	43,130,900
201.00	Less Observation Beds	704,116		704,116		704,116
202.00	Total (see instructions)	42,397,599	0	42,397,599	29,185	42,426,784

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/28/2016 8:31 pm	
			Title XVII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,784,162		2,784,162		30.00	
31.00	03100	INTENSIVE CARE UNIT	6,740		6,740		31.00	
43.00	04300	NURSERY	1,050,327		1,050,327		43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,569,239	11,079,253	12,648,492	0.292497	50.00	
51.00	05100	RECOVERY ROOM	126,768	719,714	846,482	0.155303	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,893,299	481,269	2,374,568	0.430552	52.00	
53.00	05300	ANESTHESIOLOGY	381,577	1,911,881	2,293,458	0.402557	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	579,884	12,446,315	13,026,199	0.263668	54.00	
57.00	05700	CT SCAN	1,114,188	11,687,811	12,801,999	0.066675	57.00	
58.00	05800	MRI	71,847	3,874,661	3,946,508	0.101755	58.00	
60.00	06000	LABORATORY	2,504,837	23,812,891	26,317,728	0.180759	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRA	232,949	368,220	601,169	0.211235	63.00	
65.00	06500	RESPIRATORY THERAPY	709,850	590,587	1,300,437	0.578391	65.00	
66.00	06600	PHYSICAL THERAPY	165,150	5,240,452	5,405,602	0.607426	66.00	
69.00	06900	ELECTROCARDIOLOGY	102,174	1,593,054	1,695,228	0.091305	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	629,090	629,090	0.190160	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,555,963	1,984,031	3,539,994	0.503447	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	204,508	337,486	541,994	0.675589	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,711,002	4,438,866	6,149,868	0.471151	73.00	
76.97	07697	CARDIAC REHABILITATION	0	321,833	321,833	0.882110	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	5,655,330	5,655,330		88.00	
88.01	08801	RURAL HEALTH CLINIC II	0	282,135	282,135		88.01	
88.02	08802	RURAL HEALTH CLINIC III	0	797,588	797,588		88.02	
88.03	08803	RURAL HEALTH CLINIC IV	0	355,193	355,193		88.03	
88.04	08804	RURAL HEALTH CLINIC V	0	1,428,889	1,428,889		88.04	
91.00	09100	EMERGENCY	786,868	7,144,148	7,931,016	0.281765	91.00	
91.01	09101	PRIORITY CARE CARLYLE	10,907	1,411,937	1,422,844	0.691369	91.01	
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0.000000	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	91,575	586,900	678,475	1.037792	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE					113.00	
200.00		Subtotal (see instructions)	17,653,814	99,179,534	116,833,348		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	17,653,814	99,179,534	116,833,348		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/28/2016 8:31 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.292497		50.00
51.00	05100 RECOVERY ROOM	0.155303		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.430552		52.00
53.00	05300 ANESTHESIOLOGY	0.402557		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.263668		54.00
57.00	05700 CT SCAN	0.066675		57.00
58.00	05800 MRI	0.101755		58.00
60.00	06000 LABORATORY	0.180759		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.211235		63.00
65.00	06500 RESPIRATORY THERAPY	0.588941		65.00
66.00	06600 PHYSICAL THERAPY	0.608777		66.00
69.00	06900 ELECTROCARDIOLOGY	0.091305		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.190160		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.503447		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.675589		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.471151		73.00
76.97	07697 CARDIAC REHABILITATION	0.882110		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
88.01	08801 RURAL HEALTH CLINIC II			88.01
88.02	08802 RURAL HEALTH CLINIC III			88.02
88.03	08803 RURAL HEALTH CLINIC IV			88.03
88.04	08804 RURAL HEALTH CLINIC V			88.04
91.00	09100 EMERGENCY	0.281765		91.00
91.01	09101 PRIORITY CARE CARLYLE	0.691369		91.01
91.02	09102 PRIORITY CARE NEW BADEN	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1.037792		92.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
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: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2016 8: 31 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		4,732,862	0	4,732,862	30.00
31.00	03100 INTENSIVE CARE UNIT		76,060	0	76,060	31.00
43.00	04300 NURSERY		650,217	8,161	658,378	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		3,699,645	0	3,699,645	50.00
51.00	05100 RECOVERY ROOM		131,461	0	131,461	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,022,374	0	1,022,374	52.00
53.00	05300 ANESTHESIOLOGY		923,248	0	923,248	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,434,598	0	3,434,598	54.00
57.00	05700 CT SCAN		853,567	0	853,567	57.00
58.00	05800 MRI		401,577	0	401,577	58.00
60.00	06000 LABORATORY		4,757,168	0	4,757,168	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA		126,988	0	126,988	63.00
65.00	06500 RESPIRATORY THERAPY	0	752,161	13,720	765,881	65.00
66.00	06600 PHYSICAL THERAPY	0	3,283,501	7,304	3,290,805	66.00
69.00	06900 ELECTROCARDIOLOGY		154,782	0	154,782	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		119,628	0	119,628	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		1,782,201	0	1,782,201	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		366,165	0	366,165	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,897,515	0	2,897,515	73.00
76.97	07697 CARDIAC REHABILITATION		283,892	0	283,892	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		5,466,768	0	5,466,768	88.00
88.01	08801 RURAL HEALTH CLINIC II		317,817	0	317,817	88.01
88.02	08802 RURAL HEALTH CLINIC III		1,010,354	0	1,010,354	88.02
88.03	08803 RURAL HEALTH CLINIC IV		381,371	0	381,371	88.03
88.04	08804 RURAL HEALTH CLINIC V		1,553,290	0	1,553,290	88.04
91.00	09100 EMERGENCY		2,234,679	0	2,234,679	91.00
91.01	09101 PRIORITY CARE CARLYLE		983,710	0	983,710	91.01
91.02	09102 PRIORITY CARE NEW BADEN		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		704,116	0	704,116	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		43,101,715	29,185	43,130,900	200.00
201.00	Less Observation Beds		704,116		704,116	201.00
202.00	Total (see instructions)		42,397,599	29,185	42,426,784	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

			Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	2,784,162		2,784,162				30.00
31.00	03100	INTENSIVE CARE UNIT	6,740		6,740				31.00
43.00	04300	NURSERY	1,050,327		1,050,327				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,569,239	11,079,253	12,648,492	0.292497	0.000000		50.00
51.00	05100	RECOVERY ROOM	126,768	719,714	846,482	0.155303	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,893,299	481,269	2,374,568	0.430552	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	381,577	1,911,881	2,293,458	0.402557	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	579,884	12,446,315	13,026,199	0.263668	0.000000		54.00
57.00	05700	CT SCAN	1,114,188	11,687,811	12,801,999	0.066675	0.000000		57.00
58.00	05800	MRI	71,847	3,874,661	3,946,508	0.101755	0.000000		58.00
60.00	06000	LABORATORY	2,504,837	23,812,891	26,317,728	0.180759	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	232,949	368,220	601,169	0.211235	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	709,850	590,587	1,300,437	0.578391	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	165,150	5,240,452	5,405,602	0.607426	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	102,174	1,593,054	1,695,228	0.091305	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	629,090	629,090	0.190160	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,555,963	1,984,031	3,539,994	0.503447	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	204,508	337,486	541,994	0.675589	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,711,002	4,438,866	6,149,868	0.471151	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0	321,833	321,833	0.882110	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	5,655,330	5,655,330	0.966658	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	282,135	282,135	1.126471	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	797,588	797,588	1.266762	0.000000		88.02
88.03	08803	RURAL HEALTH CLINIC IV	0	355,193	355,193	1.073701	0.000000		88.03
88.04	08804	RURAL HEALTH CLINIC V	0	1,428,889	1,428,889	1.087061	0.000000		88.04
91.00	09100	EMERGENCY	786,868	7,144,148	7,931,016	0.281765	0.000000		91.00
91.01	09101	PRIORITY CARE CARLYLE	10,907	1,411,937	1,422,844	0.691369	0.000000		91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	91,575	586,900	678,475	1.037792	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	17,653,814	99,179,534	116,833,348				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	17,653,814	99,179,534	116,833,348				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/28/2016 8:31 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000		63.00
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 PAT	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
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801 RURAL HEALTH CLINIC II	0.000000		88.01
88.02	08802 RURAL HEALTH CLINIC III	0.000000		88.02
88.03	08803 RURAL HEALTH CLINIC IV	0.000000		88.03
88.04	08804 RURAL HEALTH CLINIC V	0.000000		88.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 PRIORITY CARE CARLYLE	0.000000		91.01
91.02	09102 PRIORITY CARE NEW BADEN	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part I Date/Time Prepared: 11/28/2016 8:31 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	371,945	0	371,945	3,502	106.21	30.00	
31.00	INTENSIVE CARE UNIT	19,084		19,084	4	4,771.00	31.00	
43.00	NURSERY	49,434		49,434	1,335	37.03	43.00	
200.00	Total (Lines 30-199)	440,463		440,463	4,841		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	1,243	132,019					30.00
31.00	INTENSIVE CARE UNIT	2	9,542					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	1,245	141,561					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/28/2016 8:31 pm
------------------------------------------------------------	--	----------------------	---------------------------------------------	---------------------------------------------------------------------

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	446,344	12,648,492	0.035288	395,518	13,957	50.00
51.00	05100 RECOVERY ROOM	29,290	846,482	0.034602	25,180	871	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	91,189	2,374,568	0.038402	24,095	925	52.00
53.00	05300 ANESTHESIOLOGY	65,056	2,293,458	0.028366	100,062	2,838	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	436,861	13,026,199	0.033537	354,250	11,880	54.00
57.00	05700 CT SCAN	216,955	12,801,999	0.016947	768,489	13,024	57.00
58.00	05800 MRI	43,965	3,946,508	0.011140	43,298	482	58.00
60.00	06000 LABORATORY	509,865	26,317,728	0.019373	1,268,655	24,578	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	7,639	601,169	0.012707	65,007	826	63.00
65.00	06500 RESPIRATORY THERAPY	40,511	1,300,437	0.031152	460,946	14,359	65.00
66.00	06600 PHYSICAL THERAPY	235,212	5,405,602	0.043513	91,223	3,969	66.00
69.00	06900 ELECTROCARDIOLOGY	53,279	1,695,228	0.031429	78,311	2,461	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	14,297	629,090	0.022726	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	73,251	3,539,994	0.020692	858,885	17,772	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,945	541,994	0.020194	139,647	2,820	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	169,640	6,149,868	0.027584	742,599	20,484	73.00
76.97	07697 CARDIAC REHABILITATION	35,458	321,833	0.110175	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	216,534	5,655,330	0.038288	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	14,900	282,135	0.052812	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	114,902	797,588	0.144062	0	0	88.02
88.03	08803 RURAL HEALTH CLINIC IV	19,355	355,193	0.054492	0	0	88.03
88.04	08804 RURAL HEALTH CLINIC V	81,503	1,428,889	0.057039	0	0	88.04
91.00	09100 EMERGENCY	192,706	7,931,016	0.024298	558,475	13,570	91.00
91.01	09101 PRIORITY CARE CARLYLE	117,764	1,422,844	0.082767	3,663	303	91.01
91.02	09102 PRIORITY CARE NEW BADEN	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	55,335	678,475	0.081558	38,937	3,176	92.00
200.00	Total (lines 50-199)	3,292,756	112,992,119		6,017,240	148,295	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/28/2016 8:31 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	0	0	0	0	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,502	0.00	1,243	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	4	0.00	2	0	31.00	
43.00	04300	NURSERY	1,335	0.00	0	0	43.00	
200.00		Total (lines 30-199)	4,841		1,245	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 8:31 pm
----------------------------------------------------------------------------------	----------------------	---------------------------------------------	---------------------------------------------------------------------

Cost Center Description	Title XVIII				Hospital		Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	PPS			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
88.03	08803	RURAL HEALTH CLINIC IV	0	0	0	0	0	88.03
88.04	08804	RURAL HEALTH CLINIC V	0	0	0	0	0	88.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 8:31 pm
----------------------------------------------------------------------------------	----------------------	---------------------------------------	------------------------------------------------------------

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	12,648,492	0.000000	0.000000	395,518	50.00
51.00	05100 RECOVERY ROOM	0	846,482	0.000000	0.000000	25,180	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,374,568	0.000000	0.000000	24,095	52.00
53.00	05300 ANESTHESIOLOGY	0	2,293,458	0.000000	0.000000	100,062	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,026,199	0.000000	0.000000	354,250	54.00
57.00	05700 CT SCAN	0	12,801,999	0.000000	0.000000	768,489	57.00
58.00	05800 MRI	0	3,946,508	0.000000	0.000000	43,298	58.00
60.00	06000 LABORATORY	0	26,317,728	0.000000	0.000000	1,268,655	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	601,169	0.000000	0.000000	65,007	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,300,437	0.000000	0.000000	460,946	65.00
66.00	06600 PHYSICAL THERAPY	0	5,405,602	0.000000	0.000000	91,223	66.00
69.00	06900 ELECTROCARDIOLOGY	0	1,695,228	0.000000	0.000000	78,311	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	629,090	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	3,539,994	0.000000	0.000000	858,885	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	541,994	0.000000	0.000000	139,647	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,149,868	0.000000	0.000000	742,599	73.00
76.97	07697 CARDIAC REHABILITATION	0	321,833	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	5,655,330	0.000000	0.000000	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0	282,135	0.000000	0.000000	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0	797,588	0.000000	0.000000	0	88.02
88.03	08803 RURAL HEALTH CLINIC IV	0	355,193	0.000000	0.000000	0	88.03
88.04	08804 RURAL HEALTH CLINIC V	0	1,428,889	0.000000	0.000000	0	88.04
91.00	09100 EMERGENCY	0	7,931,016	0.000000	0.000000	558,475	91.00
91.01	09101 PRIORITY CARE CARLYLE	0	1,422,844	0.000000	0.000000	3,663	91.01
91.02	09102 PRIORITY CARE NEW BADEN	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	678,475	0.000000	0.000000	38,937	92.00
200.00	Total (lines 50-199)	0	112,992,119			6,017,240	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 8:31 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	3,003,575	0	50.00
51.00	05100 RECOVERY ROOM	0	186,552	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	491,759	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,689,549	0	54.00
57.00	05700 CT SCAN	0	4,349,782	0	57.00
58.00	05800 MRI	0	1,178,780	0	58.00
60.00	06000 LABORATORY	0	3,058,424	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	99,247	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	208,883	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,295,130	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	758,271	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	286,379	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	489,693	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	168,698	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,687,094	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	209,040	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0	0	0	88.02
88.03	08803 RURAL HEALTH CLINIC IV	0	0	0	88.03
88.04	08804 RURAL HEALTH CLINIC V	0	0	0	88.04
91.00	09100 EMERGENCY	0	2,113,080	0	91.00
91.01	09101 PRIORITY CARE CARLYLE	0	185,646	0	91.01
91.02	09102 PRIORITY CARE NEW BADEN	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	249,315	0	92.00
200.00	Total (lines 50-199)	0	23,708,897	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.292497	3,003,575	0	0	878,537 50.00
51.00	05100 RECOVERY ROOM	0.155303	186,552	0	0	28,972 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.430552	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.402557	491,759	0	0	197,961 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.263668	3,689,549	0	0	972,816 54.00
57.00	05700 CT SCAN	0.066675	4,349,782	0	0	290,022 57.00
58.00	05800 MRI	0.101755	1,178,780	0	0	119,947 58.00
60.00	06000 LABORATORY	0.180759	3,058,424	0	0	552,838 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.211235	99,247	0	0	20,964 63.00
65.00	06500 RESPIRATORY THERAPY	0.578391	208,883	4,592	0	120,816 65.00
66.00	06600 PHYSICAL THERAPY	0.607426	1,295,130	0	0	786,696 66.00
69.00	06900 ELECTROCARDIOLOGY	0.091305	758,271	0	0	69,234 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.190160	286,379	0	0	54,458 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.503447	489,693	0	0	246,534 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.675589	168,698	0	0	113,971 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.471151	1,687,094	17,073	0	794,876 73.00
76.97	07697 CARDIAC REHABILITATION	0.882110	209,040	0	0	184,396 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
88.01	08801 RURAL HEALTH CLINIC II	0.000000				0 88.01
88.02	08802 RURAL HEALTH CLINIC III	0.000000				0 88.02
88.03	08803 RURAL HEALTH CLINIC IV	0.000000				0 88.03
88.04	08804 RURAL HEALTH CLINIC V	0.000000				0 88.04
91.00	09100 EMERGENCY	0.281765	2,113,080	0	0	595,392 91.00
91.01	09101 PRIORITY CARE CARLYLE	0.691369	185,646	0	0	128,350 91.01
91.02	09102 PRIORITY CARE NEW BADEN	0.000000	0	0	0	0 91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1.037792	249,315	0	0	258,737 92.00
200.00	Subtotal (see instructions)		23,708,897	21,665	0	6,415,517 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		23,708,897	21,665	0	6,415,517 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,656	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 PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,044	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0	0	88.02
88.03	08803 RURAL HEALTH CLINIC IV	0	0	88.03
88.04	08804 RURAL HEALTH CLINIC V	0	0	88.04
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 PRIORITY CARE CARLYLE	0	0	91.01
91.02	09102 PRIORITY CARE NEW BADEN	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
200.00	Subtotal (see instructions)	10,700	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	10,700	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 8:31 pm
		Title XIX	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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.292497	0	493,673	0	0	50.00
51.00	05100 RECOVERY ROOM	0.155303	0	127,095	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.430552	0	40,797	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.402557	0	74,623	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.263668	0	345,228	0	0	54.00
57.00	05700 CT SCAN	0.066675	0	429,046	0	0	57.00
58.00	05800 MRI	0.101755	0	123,533	0	0	58.00
60.00	06000 LABORATORY	0.180759	0	401,877	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.211235	0	3,388	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.578391	0	9,633	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.607426	0	6,676	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.091305	0	49,436	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.190160	0	3,522	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.503447	0	88,317	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.675589	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.471151	0	86,408	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.882110	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.966658					88.00
88.01	08801 RURAL HEALTH CLINIC II	1.126471					88.01
88.02	08802 RURAL HEALTH CLINIC III	1.266762					88.02
88.03	08803 RURAL HEALTH CLINIC IV	1.073701					88.03
88.04	08804 RURAL HEALTH CLINIC V	1.087061					88.04
91.00	09100 EMERGENCY	0.281765	0	510,963	0	0	91.00
91.01	09101 PRIORITY CARE CARLYLE	0.691369	0	5,503	0	0	91.01
91.02	09102 PRIORITY CARE NEW BADEN	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1.037792	0	34,345	0	0	92.00
200.00	Subtotal (see instructions)		0	2,834,063	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	2,834,063	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 8:31 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	144,398	0	50.00
51.00	05100 RECOVERY ROOM	19,738	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	17,565	0	52.00
53.00	05300 ANESTHESIOLOGY	30,040	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	91,026	0	54.00
57.00	05700 CT SCAN	28,607	0	57.00
58.00	05800 MRI	12,570	0	58.00
60.00	06000 LABORATORY	72,643	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	716	0	63.00
65.00	06500 RESPIRATORY THERAPY	5,572	0	65.00
66.00	06600 PHYSICAL THERAPY	4,055	0	66.00
69.00	06900 ELECTROCARDIOLOGY	4,514	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	670	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	44,463	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,711	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0	0	88.02
88.03	08803 RURAL HEALTH CLINIC IV	0	0	88.03
88.04	08804 RURAL HEALTH CLINIC V	0	0	88.04
91.00	09100 EMERGENCY	143,971	0	91.00
91.01	09101 PRIORITY CARE CARLYLE	3,805	0	91.01
91.02	09102 PRIORITY CARE NEW BADEN	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	35,643	0	92.00
200.00	Subtotal (see instructions)	700,707	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	700,707	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/28/2016 8:31 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,502	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,502	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)		2,981	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,243	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,732,862	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,732,862	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,732,862	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,351.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,679,877	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)		1,679,877	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/28/2016 8:31 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	76,060	4	19,015.00	2	38,030	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)					1,973,433	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,691,340	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)					141,561	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					148,295	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					289,856	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,401,484	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					521	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,351.47	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					704,116	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140145		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/28/2016 8:31 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	371,945	4,732,862	0.078588	704,116	55,335	90.00
91.00	Nursing School cost	0	4,732,862	0.000000	704,116	0	91.00
92.00	Allied health cost	0	4,732,862	0.000000	704,116	0	92.00
93.00	All other Medical Education	0	4,732,862	0.000000	704,116	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/28/2016 8:31 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,098,457	30.00
31.00	03100	INTENSIVE CARE UNIT		3,370	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.292497	395,518	50.00
51.00	05100	RECOVERY ROOM	0.155303	25,180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.430552	24,095	52.00
53.00	05300	ANESTHESIOLOGY	0.402557	100,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263668	354,250	54.00
57.00	05700	CT SCAN	0.066675	768,489	57.00
58.00	05800	MRI	0.101755	43,298	58.00
60.00	06000	LABORATORY	0.180759	1,268,655	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0.211235	65,007	63.00
65.00	06500	RESPIRATORY THERAPY	0.588941	460,946	65.00
66.00	06600	PHYSICAL THERAPY	0.608777	91,223	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091305	78,311	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190160	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.503447	858,885	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.675589	139,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.471151	742,599	73.00
76.97	07697	CARDIAC REHABILITATION	0.882110	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		88.02
88.03	08803	RURAL HEALTH CLINIC IV	0.000000		88.03
88.04	08804	RURAL HEALTH CLINIC V	0.000000		88.04
91.00	09100	EMERGENCY	0.281765	558,475	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.691369	3,663	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.037792	38,937	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,017,240	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)		6,017,240	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/28/2016 8:31 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		316,155	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.292497	105,470	50.00
51.00	05100	RECOVERY ROOM	0.155303	19,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.430552	197,507	52.00
53.00	05300	ANESTHESIOLOGY	0.402557	23,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263668	9,429	54.00
57.00	05700	CT SCAN	0.066675	29,666	57.00
58.00	05800	MRI	0.101755	0	58.00
60.00	06000	LABORATORY	0.180759	170,815	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0.211235	1,694	63.00
65.00	06500	RESPIRATORY THERAPY	0.578391	12,946	65.00
66.00	06600	PHYSICAL THERAPY	0.607426	7,134	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091305	4,625	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190160	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.503447	49,087	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.675589	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.471151	80,214	73.00
76.97	07697	CARDIAC REHABILITATION	0.882110	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.966658	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.126471	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	1.266762	0	88.02
88.03	08803	RURAL HEALTH CLINIC IV	1.073701	0	88.03
88.04	08804	RURAL HEALTH CLINIC V	1.087061	0	88.04
91.00	09100	EMERGENCY	0.281765	3,410	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.691369	0	91.01
91.02	09102	PRIORITY CARE NEW BADEN	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.037792	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		715,325	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)		715,325	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/28/2016 8: 31 pm
		Title XVII I	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		598,510	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,988,361	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		10,848	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		234,311	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		47.58	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.47	31.00
32.00	Sum of lines 30 and 31		29.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		77,606	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000026148	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	199,971	167,666	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	50,404	125,520	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	175,924		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	309		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	2,851,249		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		2,851,249	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		207,307	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		3,058,556	59.00
60.00	Primary payer payments		1,000	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		3,057,556	61.00
62.00	Deductibles billed to program beneficiaries		395,388	62.00
63.00	Coinurance billed to program beneficiaries		0	63.00
64.00	Allowable bad debts (see instructions)		84,045	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		54,629	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		39,293	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		2,716,797	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		49,930	70.93
70.94	HRR adjustment amount (see instructions)		-5,351	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2015	130,754	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2016	490,167	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		3,382,297	71.00
71.01	Sequestration adjustment (see instructions)		67,646	71.01
72.00	Interim payments		3,232,417	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		82,234	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		7,114	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		1.0156725326	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.9987	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2016 8:31 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	598,510	0	598,510		598,510	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,988,361	0		1,988,361	1,988,361	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	10,848	0	1,763	9,085	10,848	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	234,311	0	34,409	199,902	234,311	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	77,606	0	17,955	59,651	77,606	11.00
11.01	Uncompensated care payments	36.00	175,924	0	50,404	125,520	175,924	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	2,851,249	0	668,632	2,182,617	2,851,249	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	2,851,249	0	668,632	2,182,617	2,851,249	15.00
16.00	Payment for inpatient program capital	50.00	207,307	0	47,831	159,476	207,307	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2016 8:31 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	716,463	2,342,093	3,058,556	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	205,849	0	47,562	158,287	205,849	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,458	0	269	1,189	1,458	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	207,307	0	47,831	159,476	207,307	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.182500	0.209286		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			130,754		130,754	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				490,167	490,167	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		10,700	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		6,415,517	2.00
3.00	PPS payments		4,360,500	3.00
4.00	Outlier payment (see instructions)		7,458	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.845	5.00
6.00	Line 2 times line 5		5,421,112	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		80.57	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)		10,700	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		21,665	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		21,665	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		21,665	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,965	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)		10,700	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)		4,367,958	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		918	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		951,547	26.00
27.00	Subtotal [(Lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,426,193	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)		3,426,193	30.00
31.00	Primary payer payments		1,649	31.00
32.00	Subtotal (line 30 minus line 31)		3,424,544	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		97,403	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		63,312	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		55,502	36.00
37.00	Subtotal (see instructions)		3,487,856	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-21	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)		3,487,877	40.00
40.01	Sequestration adjustment (see instructions)		69,758	40.01
41.00	Interim payments		3,412,170	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		5,949	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2016 8:31 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,232,417		3,412,170	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,232,417		3,412,170	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		82,234		5,949	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		3,314,651		3,418,119	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1,229	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		1,245	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		105	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		2,985	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		116,833,348	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		2,480,402	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		465,797	8.00
9.00	Sequestration adjustment amount (see instructions)		9,316	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		456,481	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		230,013	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		226,468	32.00

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

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G

Date/Time Prepared:  
11/28/2016 8:31 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	822,435	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	25,038,553	0	0	0	4.00
5.00	Other receivable	85,036	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,190,427	0	0	0	6.00
7.00	Inventory	612,457	0	0	0	7.00
8.00	Prepaid expenses	205,706	0	0	0	8.00
9.00	Other current assets	110,245,713	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	122,819,473	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,634,797	0	0	0	12.00
13.00	Land improvements	3,849,387	0	0	0	13.00
14.00	Accumulated depreciation	-2,664,405	0	0	0	14.00
15.00	Buildings	19,167,140	0	0	0	15.00
16.00	Accumulated depreciation	-10,285,517	0	0	0	16.00
17.00	Leasehold improvements	267,301	0	0	0	17.00
18.00	Accumulated depreciation	-83,900	0	0	0	18.00
19.00	Fixed equipment	14,638,726	0	0	0	19.00
20.00	Accumulated depreciation	-10,884,628	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	22,850,752	0	0	0	23.00
24.00	Accumulated depreciation	-18,698,966	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	19,790,687	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	905,760	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	905,760	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	143,515,920	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	830,891	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,325,684	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,544,219	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	449,361	0	0	0	43.00
44.00	Other current liabilities	3,357,386	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,507,541	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	5,369,413	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,184,799	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,554,212	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,061,753	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	120,454,167				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	120,454,167	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	143,515,920	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G-1

Date/Time Prepared:  
11/28/2016 8:31 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		117,623,496		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,830,671				2.00
3.00	Total (sum of line 1 and line 2)		120,454,167		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		120,454,167		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		120,454,167		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/28/2016 8:31 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	4,036,241		4,036,241	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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)	4,036,241		4,036,241	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	10,310		10,310	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)	10,310		10,310	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,046,551		4,046,551	17.00
18.00	Ancillary services	14,313,031	87,195,413	101,508,444	18.00
19.00	Outpatient services	754,182	8,674,332	9,428,514	19.00
20.00	RURAL HEALTH CLINIC	0	5,655,330	5,655,330	20.00
20.01	RURAL HEALTH CLINIC II	0	509,799	509,799	20.01
20.02	RURAL HEALTH CLINIC III	0	1,441,186	1,441,186	20.02
20.03	RURAL HEALTH CLINIC IV	0	641,810	641,810	20.03
20.04	RURAL HEALTH CLINIC V	0	1,428,889	1,428,889	20.04
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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	1,314,614	118,968	1,433,582	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	20,428,378	105,665,727	126,094,105	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		50,507,917		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)		50,507,917		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140145

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G-3

Date/Time Prepared:  
11/28/2016 8:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	126,094,105	1.00
2.00	Less contractual allowances and discounts on patients' accounts	70,194,778	2.00
3.00	Net patient revenues (line 1 minus line 2)	55,899,327	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	50,507,917	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,391,410	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	1,742	13.00
14.00	Revenue from meals sold to employees and guests	12,310	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	6,202	16.00
17.00	Revenue from sale of drugs to other than patients	342	17.00
18.00	Revenue from sale of medical records and abstracts	17,506	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	0	21.00
22.00	Rental of hospital space	371,431	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TB	-2,970,272	24.00
25.00	Total other income (sum of lines 6-24)	-2,560,739	25.00
26.00	Total (line 5 plus line 25)	2,830,671	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)	2,830,671	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		205,849	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,458	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		9.03	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		207,307	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148503	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm
----------------------------------------------------------------------------------------	-----------------------------------------------	---------------------------------------------	------------------------------------------------------------

		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	1,146,499	2,371,231	3,517,730	-1,661,345	1,856,385	1.00
2.00	Physician Assistant	0	0	0	143,005	143,005	2.00
3.00	Nurse Practitioner	0	0	0	104,798	104,798	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	172,090	172,090	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	0	0	223,197	223,197	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,146,499	2,371,231	3,517,730	-1,018,255	2,499,475	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	17,204	17,204	0	17,204	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	17,204	17,204	0	17,204	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,146,499	2,388,435	3,534,934	-1,018,255	2,516,679	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	285,592	285,592	0	285,592	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	285,592	285,592	0	285,592	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	32,124	32,124	102	32,226	29.00
30.00	Administrative Costs	0	169,348	169,348	473,236	642,584	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	201,472	201,472	473,338	674,810	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,146,499	2,875,499	4,021,998	-544,917	3,477,081	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148503	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) I	

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00 Physician	0	1,856,385	1.00
2.00 Physician Assistant	0	143,005	2.00
3.00 Nurse Practitioner	0	104,798	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	0	172,090	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	223,197	9.00
10.00 Subtotal (sum of lines 1 through 9)	0	2,499,475	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00 Medical Supplies	0	17,204	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	0	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15 through 20)	0	17,204	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,516,679	22.00
<b>COSTS OTHER THAN RHC/FOHC SERVICES</b>			
23.00 Pharmacy	0	285,592	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	0	0	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	0	285,592	28.00
<b>FACILITY OVERHEAD</b>			
29.00 Facility Costs	0	32,226	29.00
30.00 Administrative Costs	2,527	645,111	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	2,527	677,337	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	2,527	3,479,608	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148552	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm
		Rural Health Clinic (RHC) II	Cost

	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	127,106	221,915	349,021	-116,133	232,888	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	44,626	44,626	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	16,049	16,049	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	0	0	28,300	28,300	9.00
10.00	Subtotal (sum of lines 1 through 9)	127,106	221,915	349,021	-27,158	321,863	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	679	679	0	679	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	679	679	0	679	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	127,106	222,594	349,700	-27,158	322,542	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	20,854	20,854	0	20,854	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	20,854	20,854	0	20,854	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	8,328	8,328	-5,907	2,421	29.00
30.00	Administrative Costs	0	9,267	9,267	25,012	34,279	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	17,595	17,595	19,105	36,700	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	127,106	261,043	388,149	-8,053	380,096	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148552	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) II	

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00 Physician	-104,002	128,886	1.00
2.00 Physician Assistant	0	0	2.00
3.00 Nurse Practitioner	-19,929	24,697	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	-7,167	8,882	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	-12,638	15,662	9.00
10.00 Subtotal (sum of lines 1 through 9)	-143,736	178,127	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00 Medical Supplies	-303	376	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	0	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15 through 20)	-303	376	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-144,039	178,503	22.00
<b>COSTS OTHER THAN RHC/FOHC SERVICES</b>			
23.00 Pharmacy	-9,313	11,541	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	0	0	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	-9,313	11,541	28.00
<b>FACILITY OVERHEAD</b>			
29.00 Facility Costs	-1,081	1,340	29.00
30.00 Administrative Costs	-15,308	18,971	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	-16,389	20,311	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	-169,741	210,355	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148553	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm
----------------------------------------------------------------------------------------	-----------------------------------------------	---------------------------------------------	------------------------------------------------------------

		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) III Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	681,641	335,970	1,017,611	-670,226	347,385	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	344,231	344,231	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	130,469	130,469	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	0	0	45,688	45,688	9.00
10.00	Subtotal (sum of lines 1 through 9)	681,641	335,970	1,017,611	-149,838	867,773	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	270	270	0	270	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	270	270	0	270	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	681,641	336,240	1,017,881	-149,838	868,043	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	22,178	22,178	0	22,178	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	22,178	22,178	0	22,178	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	86,401	86,401	-12,844	73,557	29.00
30.00	Administrative Costs	0	15,024	15,024	148,724	163,748	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	101,425	101,425	135,880	237,305	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	681,641	459,843	1,141,484	-13,958	1,127,526	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148553	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm Cost
----------------------------------------------------------------------------------------	-----------------------------------------------	---------------------------------------------	--------------------------------------------------------------------

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00 Physician	-155,133	192,252	1.00
2.00 Physician Assistant	0	0	2.00
3.00 Nurse Practitioner	-153,725	190,506	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	-58,264	72,205	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	-20,403	25,285	9.00
10.00 Subtotal (sum of lines 1 through 9)	-387,525	480,248	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00 Medical Supplies	-121	149	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	0	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15 through 20)	-121	149	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-387,646	480,397	22.00
<b>COSTS OTHER THAN RHC/FOHC SERVICES</b>			
23.00 Pharmacy	-9,904	12,274	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	0	0	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	-9,904	12,274	28.00
<b>FACILITY OVERHEAD</b>			
29.00 Facility Costs	-32,849	40,708	29.00
30.00 Administrative Costs	-73,126	90,622	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	-105,975	131,330	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	-503,525	624,001	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm
		Rural Health Clinic (RHC) IV	Cost

	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	142,114	278,845	420,959	-130,775	290,184	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	34,150	34,150	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	37,387	37,387	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	0	0	28,758	28,758	9.00
10.00	Subtotal (sum of lines 1 through 9)	142,114	278,845	420,959	-30,480	390,479	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	1,918	1,918	0	1,918	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	1,918	1,918	0	1,918	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	142,114	280,763	422,877	-30,480	392,397	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	8,427	8,427	0	8,427	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	8,427	8,427	0	8,427	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	7,403	7,403	0	7,403	29.00
30.00	Administrative Costs	0	33,002	33,002	19,853	52,855	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	40,405	40,405	19,853	60,258	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	142,114	329,595	471,709	-10,627	461,082	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm Cost
		Rural Health Clinic (RHC) IV	

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00 Physician	-129,589	160,595	1.00
2.00 Physician Assistant	0	0	2.00
3.00 Nurse Practitioner	-15,251	18,899	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	-16,696	20,691	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	-12,843	15,915	9.00
10.00 Subtotal (sum of lines 1 through 9)	-174,379	216,100	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00 Medical Supplies	-857	1,061	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	0	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15 through 20)	-857	1,061	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-175,236	217,161	22.00
<b>COSTS OTHER THAN RHC/FOHC SERVICES</b>			
23.00 Pharmacy	-3,763	4,664	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	0	0	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	-3,763	4,664	28.00
<b>FACILITY OVERHEAD</b>			
29.00 Facility Costs	-4,800	2,603	29.00
30.00 Administrative Costs	-23,603	29,252	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	-28,403	31,855	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	-207,402	253,680	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145 Component CCN: 148502	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/28/2016 8:31 pm
		Rural Health Clinic (RHC) V	Cost

	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	343,328	0	343,328	197,614	540,942	1.00
2.00	Physician Assistant	0	0	0	40,604	40,604	2.00
3.00	Nurse Practitioner	0	0	0	91,559	91,559	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	58,376	58,376	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	0	0	94,042	94,042	9.00
10.00	Subtotal (sum of lines 1 through 9)	343,328	0	343,328	482,195	825,523	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	2,996	2,996	0	2,996	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	2,996	2,996	0	2,996	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	343,328	2,996	346,324	482,195	828,519	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	71,969	71,969	0	71,969	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	71,969	71,969	0	71,969	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	25,912	25,912	-9,948	15,964	29.00
30.00	Administrative Costs	0	38,753	38,753	32,839	71,592	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	64,665	64,665	22,891	87,556	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	343,328	139,630	482,958	505,086	988,044	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1
	Component CCN: 148502	Rural Health Clinic (RHC) V	Date/Time Prepared: 11/28/2016 8:31 pm Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00 Physician	0	540,942	1.00
2.00 Physician Assistant	0	40,604	2.00
3.00 Nurse Practitioner	0	91,559	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	0	58,376	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	94,042	9.00
10.00 Subtotal (sum of lines 1 through 9)	0	825,523	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00 Medical Supplies	0	2,996	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	0	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15 through 20)	0	2,996	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	828,519	22.00
<b>COSTS OTHER THAN RHC/FOHC SERVICES</b>			
23.00 Pharmacy	0	71,969	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	0	0	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	0	71,969	28.00
<b>FACILITY OVERHEAD</b>			
29.00 Facility Costs	0	15,964	29.00
30.00 Administrative Costs	0	71,592	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	0	87,556	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	0	988,044	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140145 Component CCN: 148503	Period: From 07/01/2015 To 06/30/2016	Worksheet M-2 Date/Time Prepared: 11/28/2016 8:31 pm
			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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positi ons</b>						
1.00	Physician	4.28	23,946	4,200	17,976	1.00
2.00	Physician Assistant	0.86	3,121	2,100	1,806	2.00
3.00	Nurse Practitioner	0.89	2,317	2,100	1,869	3.00
4.00	Subtotal (sum of lines 1 through 3)	6.03	29,384		21,651	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 (FOHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FOHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	6.03	29,384			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>			
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)		2,516,679 10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)		285,592 11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		2,802,271 12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		0.898086 13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)		677,337 14.00
15.00	Parent provider overhead allocated to facility (see instructions)		1,987,160 15.00
16.00	Total overhead (sum of lines 14 and 15)		2,664,497 16.00
17.00	Allowable GME overhead (see instructions)		0 17.00
18.00	Subtotal (see instructions)		2,664,497 18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		2,392,947 19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		4,909,626 20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140145 Component CCN: 148552	Period: From 07/01/2015 To 06/30/2016	Worksheet M-2 Date/Time Prepared: 11/28/2016 8:31 pm
			Rural Health Clinic (RHC) II	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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.37	1,672	4,200	1,554	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.38	120	2,100	798	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.75	1,792		2,352	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 (FOHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FOHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.75	1,792		2,352	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>			
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)		178,503 10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)		11,541 11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		190,044 12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		0.939272 13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)		20,311 14.00
15.00	Parent provider overhead allocated to facility (see instructions)		107,462 15.00
16.00	Total overhead (sum of lines 14 and 15)		127,773 16.00
17.00	Allowable GME overhead (see instructions)		0 17.00
18.00	Subtotal (see instructions)		127,773 18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		120,014 19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		298,517 20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140145 Component CCN: 148553	Period: From 07/01/2015 To 06/30/2016	Worksheet M-2 Date/Time Prepared: 11/28/2016 8:31 pm
			Rural Health Clinic (RHC) III	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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Posi tions</b>						
1.00	Physician	0.56	642	4,200	2,352	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	2.52	3,800	2,100	5,292	3.00
4.00	Subtotal (sum of lines 1 through 3)	3.08	4,442		7,644	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 (FOHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FOHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	3.08	4,442		7,644	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>			
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)		480,397 10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)		12,274 11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		492,671 12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		0.975087 13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)		131,330 14.00
15.00	Parent provider overhead allocated to facility (see instructions)		386,353 15.00
16.00	Total overhead (sum of lines 14 and 15)		517,683 16.00
17.00	Allowable GME overhead (see instructions)		0 17.00
18.00	Subtotal (see instructions)		517,683 18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		504,786 19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		985,183 20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet M-2 Date/Time Prepared: 11/28/2016 8:31 pm
			Rural Health Clinic (RHC) IV	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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.43	2,156	4,200	1,806	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.39	190	2,100	819	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.82	2,346		2,625	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 (FOHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FOHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.82	2,346		2,625	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>			
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)		217,161 10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)		4,664 11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		221,825 12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		0.978974 13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)		31,855 14.00
15.00	Parent provider overhead allocated to facility (see instructions)		127,691 15.00
16.00	Total overhead (sum of lines 14 and 15)		159,546 16.00
17.00	Allowable GME overhead (see instructions)		0 17.00
18.00	Subtotal (see instructions)		159,546 18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		156,191 19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		373,352 20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140145	Period: From 07/01/2015	Worksheet M-2
		Component CCN: 148502	To 06/30/2016	Date/Time Prepared: 11/28/2016 8:31 pm
			Rural Health Clinic (RHC) V	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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Posi tions</b>						
1.00	Physician	1.23	6,625	4,200	5,166	1.00
2.00	Physician Assistant	0.43	1,288	2,100	903	2.00
3.00	Nurse Practitioner	0.75	739	2,100	1,575	3.00
4.00	Subtotal (sum of lines 1 through 3)	2.41	8,652		7,644	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 (FOHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FOHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	2.41	8,652			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>			
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)		828,519 10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)		71,969 11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		900,488 12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		0.920078 13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)		87,556 14.00
15.00	Parent provider overhead allocated to facility (see instructions)		565,246 15.00
16.00	Total overhead (sum of lines 14 and 15)		652,802 16.00
17.00	Allowable GME overhead (see instructions)		0 17.00
18.00	Subtotal (see instructions)		652,802 18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		600,629 19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		1,429,148 20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet M-3
		Component CCN: 148503		Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		4,909,626	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		233,631	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		4,675,995	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		29,384	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)		29,384	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		159.13	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	159.13	159.13	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	3,217	3,115	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	511,921	495,690	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) *		1,007,611	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	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.)		743,874	16.04
16.05	Total program cost (see instructions)		743,874	16.05
17.00	Primary payer amounts		274	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		77,768	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		166,341	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		743,600	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		104,021	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		847,621	22.00
23.00	Allowable bad debts (see instructions)		1,552	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		1,009	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)		848,630	26.00
26.01	Sequestration adjustment (see instructions)		16,973	26.01
27.00	Interim payments		463,507	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)		368,150	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet M-3
		Component CCN: 148552		Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIIII	Rural Health Clinic (RHC) II	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		298,517	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		1,179	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		297,338	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		2,352	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)		2,352	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		126.42	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	126.42	126.42	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	75	683	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	9,482	86,345	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) *		95,827	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	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.)		71,612	16.04
16.05	Total program cost (see instructions)		71,612	16.05
17.00	Primary payer amounts		226	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		6,312	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		21,857	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		71,386	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		573	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		71,959	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)		71,959	26.00
26.01	Sequestration adjustment (see instructions)		1,439	26.01
27.00	Interim payments		58,507	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)		12,013	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet M-3
		Component CCN: 148553		Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) III	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		985,183	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		1,000	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		984,183	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		7,644	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)		7,644	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		128.75	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	128.75	128.75	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	54	496	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	6,953	63,860	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) *		70,813	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	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.)		53,744	16.04
16.05	Total program cost (see instructions)		53,744	16.05
17.00	Primary payer amounts		61	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		3,633	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		18,311	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		53,683	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		634	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		54,317	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)		54,317	26.00
26.01	Sequestration adjustment (see instructions)		1,086	26.01
27.00	Interim payments		44,171	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)		9,060	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet M-3 Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) IV	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		373,352	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		845	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		372,507	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		2,625	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)		2,625	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		141.91	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)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	141.91	141.91	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	105	965	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	14,901	136,943	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) *		151,844	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	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.)		114,346	16.04
16.05	Total program cost (see instructions)		114,346	16.05
17.00	Primary payer amounts		66	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		8,911	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		30,691	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		114,280	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		114,280	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)		114,280	26.00
26.01	Sequestration adjustment (see instructions)		2,286	26.01
27.00	Interim payments		84,223	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)		27,771	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet M-3
		Component CCN: 148502		Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) V	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		1,429,148	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		171,672	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,257,476	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		8,652	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)		8,652	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		145.34	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	145.34	145.34	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	1,594	1,641	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	231,672	238,503	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) *		470,175	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	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.)		337,276	16.04
16.05	Total program cost (see instructions)		337,276	16.05
17.00	Primary payer amounts		333	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		48,580	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		85,130	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		336,943	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		116,052	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		452,995	22.00
23.00	Allowable bad debts (see instructions)		1,143	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		743	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)		453,738	26.00
26.01	Sequestration adjustment (see instructions)		9,075	26.01
27.00	Interim payments		230,216	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)		214,447	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140145 Component CCN: 148503	Period: From 07/01/2015 To 06/30/2016	Worksheet M-4 Date/Time Prepared: 11/28/2016 8:31 pm
		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)	2,499,475	2,499,475	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.003601	0.014059	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	9,001	35,140	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	35,910	33,432	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	44,911	68,572	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	2,516,679	2,516,679	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	2,664,497	2,664,497	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.017845	0.027247	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	47,548	72,600	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	92,459	141,172	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	271	1,058	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	341.18	133.43	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	177	327	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	60,389	43,632	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)		233,631	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)		104,021	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140145 Component CCN: 148552	Period: From 07/01/2015 To 06/30/2016	Worksheet M-4 Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) II	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	178,127	178,127	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000429	0.000107	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	76	19	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	592	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	668	19	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	178,503	178,503	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	127,773	127,773	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.003742	0.000106	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	478	14	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	1,146	33	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	4	0	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	286.50	0.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	2	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	573	0	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)		1,179	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)		573	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140145 Component CCN: 148553	Period: From 07/01/2015 To 06/30/2016	Worksheet M-4 Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) III	Cost
		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	480,248	480,248	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000027	0.000234	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	13	112	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	72	284	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	85	396	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	480,397	480,397	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	517,683	517,683	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000177	0.000824	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	92	427	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	177	823	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	1	9	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	177.00	91.44	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	1	5	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	177	457	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)		1,000	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)		634	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet M-4 Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) IV	Cost
		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	216,100	216,100	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000100	0.000586	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	22	127	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	148	190	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	170	317	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	217,161	217,161	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	159,546	159,546	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000783	0.001460	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	125	233	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	295	550	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	1	6	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	295.00	91.67	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	0	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	0	0	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)		845	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)		0	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140145 Component CCN: 148502	Period: From 07/01/2015 To 06/30/2016	Worksheet M-4 Date/Time Prepared: 11/28/2016 8:31 pm
		Title XVIII	Rural Health Clinic (RHC) V	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	825,523	825,523	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.011969	0.018552	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	9,881	15,315	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	53,190	17,632	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	63,071	32,947	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	828,519	828,519	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	652,802	652,802	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.076125	0.039766	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	49,695	25,959	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	112,766	58,906	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	360	558	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	313.24	105.57	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	265	313	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	83,009	33,043	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)		171,672	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)		116,052	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet M-5
	Component CCN: 148503	Rural Health Clinic (RHC) I	Date/Time Prepared: 11/28/2016 8:31 pm Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		524,503	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			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50		02/10/2016	60,996	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)		-60,996	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		463,507	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		368,150	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		831,657	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140145	Period: From 07/01/2015 To 06/30/2016	Worksheet M-5
	Component CCN: 148552		Date/Time Prepared: 11/28/2016 8:31 pm
		Rural Health Clinic (RHC) II	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		58,507	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			0	3.01
3.02			0	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)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		58,507	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		12,013	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		70,520	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140145 Component CCN: 148553	Period: From 07/01/2015 To 06/30/2016	Worksheet M-5 Date/Time Prepared: 11/28/2016 8:31 pm
		Rural Health Clinic (RHC) III	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		44,171	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			0	3.01
3.02			0	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)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		44,171	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		9,060	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		53,231	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140145 Component CCN: 148554	Period: From 07/01/2015 To 06/30/2016	Worksheet M-5 Date/Time Prepared: 11/28/2016 8:31 pm
		Rural Health Clinic (RHC) IV	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		84,223	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			0	3.01
3.02			0	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)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		84,223	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		27,771	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		111,994	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140145 Component CCN: 148502	Period: From 07/01/2015 To 06/30/2016	Worksheet M-5 Date/Time Prepared: 11/28/2016 8:31 pm
		Rural Health Clinic (RHC) V	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		261,346	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			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50		02/10/2016	31,130	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)		-31,130	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		230,216	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		214,447	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		444,663	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00