

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet S Parts I-III Date/Time Prepared: 9/26/2016 8:55 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 9/26/2016 Time: 8:55 am	
	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.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 06101 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PINCKNEYVILLE COMMUNITY HOSPITAL ( 141307 ) for the cost reporting period beginning 05/01/2015 and ending 04/30/2016 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	131,503	-75,244	560,252	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	12,629	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		-54,343		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	144,132	-129,587	560,252	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: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part I Date/Time Prepared: 9/23/2016 1:21 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 5383 STATE ROUTE 154		PO Box:	1.00
2.00	City: PINCKNEYVILLE		State: IL Zip Code: 62274-1034 County: PERRY	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
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	PINCKNEYVILLE COMMUNITY HOSPITAL	141307	99914	1	11/30/2000	N	0	0	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	PINCKNEYVILLE CRITICAL ACC SWING BED	14Z307	99914		02/06/2001	N	0	N	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	PINCKNEYVILLE HOSPITAL RHC	143412	99914		03/27/1995	N	0	N	15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	05/01/2015	04/30/2016	20.00
21.00	Type of Control (see instructions)	11		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.					N	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	N			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.						2	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	
24.00	0	0	0	0	0	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307		Period: From 05/01/2015 To 04/30/2016		Worksheet S-2 Part I Date/Time Prepared: 9/23/2016 1:21 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		25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 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		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					N			60.00
		Y/N		IME		Direct GME			
		1.00		2.00		3.00		4.00	
								5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)						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: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet S-2  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 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)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
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
75.00	Inpatient Rehabilitation Facility PPS 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
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

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			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 1.00	XIX 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)?		Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		Y		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		Y		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	N	Y	N
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
			1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	63,061	0		0

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		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		
DO NOT USE THIS LINE						
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	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 2, "Y" for yes or "N" for no.			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)	N		140.00		
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00		
142.00	Street:	PO Box:		142.00		
143.00	City:	State:	Zip Code:	143.00		
			1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00		
		1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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		
			1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00		
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC			N	N	161.00
161.10	CORF		N	N	N	161.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307			Period: From 05/01/2015 To 04/30/2016		Worksheet S-2 Part I Date/Time Prepared: 9/23/2016 1:21 pm		
							1.00		
<b>Multi campus</b>									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		166.00
							1.00		
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						598,938		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75		169.00
					Beginning	Ending			
					1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2014	09/30/2015		170.00	
							1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part II Date/Time Prepared: 9/23/2016 1:21 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		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)	Y	06/14/2016	Y	06/14/2016
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part II Date/Time Prepared: 9/23/2016 1:21 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		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.		Y		33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		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.	KELLY	BETH		41.00
42.00	Enter the employer/company name of the cost report preparer.	WI PFLI			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-459-6738	KBETH@WI PFLI . COM		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.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	20	7,422	34,264.00	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)		20	7,422	34,264.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		20	7,422	34,264.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		20				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	946	112	1,393			1.00
2.00 HMO and other (see instructions)	97	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	935	0	935			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	277			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,881	112	2,605			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	1,881	112	2,605	0.00	155.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	5,600	4,131	19,552	0.00	30.70	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	186.65	27.00
28.00 Observation Bed Days		33	242			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			18			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 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	240	39	403	1.00
2.00 HMO and other (see instructions)				21	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		240	39	403	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet S-8 Date/Time Prepared: 9/23/2016 1:21 pm	
			Rural Health Clinic (RHC) I	Cost	
1.00					
Clinic Address and Identification					
1.00	Street	101 NORTH WALNUT STREET		1.00	
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	PINCKNEYVILLE		IL	62274 2.00
1.00					
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0 3.00
				Grant Award	Date
				1.00	2.00
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			0	4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)			0	5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0	6.00
7.00	Appalachian Regional Commission			0	7.00
8.00	Look-Alikes			0	8.00
9.00	OTHER (SPECIFY)			0	9.00
1.00					
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	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
				5.00	
11.00	Facility hours of operations (1) Clinic				11.00
				08:30	19:00
				08:30	
				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				2.00
		PERRY			
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		Thursday		to	
				10.00	
11.00	Facility hours of operations (1) Clinic				11.00
		19:00	08:30	19:00	08:30
		19:00		19:00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet S-8 Date/Time Prepared: 9/23/2016 1:21 pm
		Rural Health Clinic (RHC) I	Cost

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet S-10 Date/Time Prepared: 9/23/2016 1:21 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.584708	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		1,573,125	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		199,379	5.00	
6.00	Medicaid charges		4,629,566	6.00	
7.00	Medicaid cost (line 1 times line 6)		2,706,944	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)		934,440	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		281,950	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		934,440	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	142,919	123,772	266,691	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	83,566	72,370	155,936	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	83,566	72,370	155,936	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)		691,690	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		184,714	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		506,976	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		296,433	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		452,369	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,386,809	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		1,175,496	1,175,496	-1,138,438	37,058	1.00
1.01	00101		0	0	1,710,037	1,710,037	1.01
1.02	00102		0	0	5,421	5,421	1.02
1.03	00103		0	0	24,446	24,446	1.03
1.04	00104		0	0	5,057	5,057	1.04
2.00	00200		491,127	491,127	-476,225	14,902	2.00
2.01	00201		0	0	486,878	486,878	2.01
3.00	00300		0	0	0	0	3.00
4.00	00400	78,442	2,395,857	2,474,299	3,639	2,477,938	4.00
5.06	00540	0	104,434	104,434	0	104,434	5.06
5.08	00590	45,424	1,008	46,432	0	46,432	5.08
5.09	00570	200,700	7,111	207,811	0	207,811	5.09
5.10	00580	395,119	159,213	554,332	0	554,332	5.10
5.11	00591	799,995	1,067,702	1,867,697	-48,117	1,819,580	5.11
6.00	00600	241,245	545,714	786,959	-647,072	139,887	6.00
6.01	00601	0	0	0	647,072	647,072	6.01
8.00	00800	38,875	73,414	112,289	0	112,289	8.00
9.00	00900	329,200	38,046	367,246	-213,518	153,728	9.00
9.01	00901	0	0	0	213,518	213,518	9.01
10.00	01000	303,667	109,248	412,915	-179,865	233,050	10.00
11.00	01100	0	0	0	179,865	179,865	11.00
13.00	01300	361,133	8,411	369,544	0	369,544	13.00
14.00	01400	24,897	3,168	28,065	0	28,065	14.00
15.00	01500	284,565	1,440,194	1,724,759	-4,119	1,720,640	15.00
16.00	01600	360,418	43,405	403,823	0	403,823	16.00
17.00	01700	27,254	4,092	31,346	0	31,346	17.00
19.00	01900	0	288,320	288,320	0	288,320	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,373,484	125,718	1,499,202	211,349	1,710,551	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	105,205	258,470	363,675	-44,032	319,643	50.00
53.00	05300	0	11,407	11,407	-1,285	10,122	53.00
54.00	05400	458,087	117,584	575,671	-5,281	570,390	54.00
54.01	05401	202,824	297,248	500,072	0	500,072	54.01
56.00	05600	62,122	94,911	157,033	-52,669	104,364	56.00
57.00	05700	49,734	54,964	104,698	-12,435	92,263	57.00
58.00	05800	0	189,283	189,283	-2,328	186,955	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	422,888	489,605	912,493	7,713	920,206	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	239,612	125,598	365,210	-476	364,734	65.00
66.00	06600	345,334	17,676	363,010	-32	362,978	66.00
67.00	06700	112,535	7,446	119,981	0	119,981	67.00
68.00	06800	78,233	4,196	82,429	0	82,429	68.00
69.00	06900	7,470	17,533	25,003	0	25,003	69.00
70.00	07000	924	2,713	3,637	0	3,637	70.00
71.00	07100	0	0	0	276,228	276,228	71.00
72.00	07200	0	0	0	18,079	18,079	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	155,336	117,838	273,174	-3	273,171	76.00
76.97	07697	29,357	1,382	30,739	0	30,739	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	2,085,979	225,699	2,311,678	-345,385	1,966,293	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	15,906	3,641	19,547	-3,118	16,429	90.00
90.01	09001	21,649	3,140	24,789	0	24,789	90.01
90.02	04050	273	303	576	0	576	90.02
91.00	09100	482,529	1,634,384	2,116,913	-34,767	2,082,146	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300		576,498	576,498	-576,498	0	113.00
118.00		9,740,415	12,333,197	22,073,612	3,639	22,077,251	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A  
Date/Time Prepared:  
9/23/2016 1:21 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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	60,094	1,856	61,950	-3,639	58,311	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	9,800,509	12,335,053	22,135,562	0	22,135,562	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A  
Date/Time Prepared:  
9/23/2016 1:21 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	37,058	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	-26,427	1,683,610	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	5,421	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	0	24,446	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	5,057	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	14,902	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	-137,024	349,854	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-8	2,477,930	4.00
5.06	00540	NONPATIENT TELEPHONES	0	104,434	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	0	46,432	5.08
5.09	00570	ADMINISTRATIVE	0	207,811	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	554,332	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	-130,956	1,688,624	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	139,887	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	647,072	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	112,289	8.00
9.00	00900	HOUSEKEEPING	0	153,728	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	213,518	9.01
10.00	01000	DIETARY	-40,007	193,043	10.00
11.00	01100	CAFETERIA	0	179,865	11.00
13.00	01300	NURSING ADMINISTRATION	0	369,544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-578	27,487	14.00
15.00	01500	PHARMACY	-35,168	1,685,472	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-179	403,644	16.00
17.00	01700	SOCIAL SERVICE	0	31,346	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	288,320	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-229,618	1,480,933	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-4,786	314,857	50.00
53.00	05300	ANESTHESIOLOGY	0	10,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,685	562,705	54.00
54.01	05401	ONCOLOGY	-272,000	228,072	54.01
56.00	05600	RADIOLOGY	0	104,364	56.00
57.00	05700	CT SCAN	-275	91,988	57.00
58.00	05800	MRI	0	186,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-7,453	912,753	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-22,390	342,344	65.00
66.00	06600	PHYSICAL THERAPY	-5,324	357,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	-12,860	107,121	67.00
68.00	06800	SPEECH PATHOLOGY	-16,791	65,638	68.00
69.00	06900	ELECTROCARDIOLOGY	-11,986	13,017	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	276,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	273,171	76.00
76.97	07697	CARDIAC REHABILITATION	0	30,739	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	-735	1,965,558	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	16,429	90.00
90.01	09001	COUMADIN CLINIC	0	24,789	90.01
90.02	04050	TELEMEDICINE	0	576	90.02
91.00	09100	EMERGENCY	-522,847	1,559,299	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,485,097	20,592,154	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FITNESS CENTER	0	58,311	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	RETAIL PHARMACY	0	0	192.02
192.03	19203	LEASED SPACE	0	0	192.03
192.04	19204	VACANT SPACE	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	-1,485,097	20,650,465	200.00

RECLASSIFICATIONS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-6  
Date/Time Prepared:  
9/23/2016 1:21 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,577	1.00
2.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	567,482	2.00
3.00	LABORATORY	60.00	0	2,267	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,172	4.00
	TOTALS		0	576,498	
<b>B - CAFETERIA</b>					
1.00	CAFETERIA	11.00	132,277	47,588	1.00
	TOTALS		132,277	47,588	
<b>C - RHC PHYSICIAN</b>					
1.00	ADULTS & PEDIATRICS	30.00	216,784	12,833	1.00
	TOTALS		216,784	12,833	
<b>D - DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01	0	486,878	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,249	2.00
3.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	123,633	3.00
4.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	963,244	4.00
5.00	CAP REL COSTS-BLDG & FIXT	1.00	0	28,501	5.00
6.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	4,685	6.00
7.00	NEW CAP REL COSTS-PT BLDG	1.02	0	2,751	7.00
8.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	20,210	8.00
9.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	32,822	9.00
	TOTALS		0	1,666,973	
<b>E - RHC LAB</b>					
1.00	LABORATORY	60.00	2,692	2,760	1.00
	TOTALS		2,692	2,760	
<b>F - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,330	1.00
2.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	22,856	2.00
3.00	NEW CAP REL COSTS-PT BLDG	1.02	0	2,670	3.00
4.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	4,236	4.00
5.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	372	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,653	6.00
	TOTALS		0	48,117	
<b>G - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,079	1.00
	TOTALS		0	18,079	
<b>H - MEDICAL SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	276,228	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
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
	TOTALS		0	276,228	
<b>I - FITNESS CENTER RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,639	1.00
	TOTALS		0	3,639	
<b>J - POST 10/1/15 MAINT. &amp; REPAIR RECLASS</b>					
1.00	MAINTENANCE & REPAIRS- POST 10/1/15	6.01	144,949	502,123	1.00
	TOTALS		144,949	502,123	
<b>K - POST 10/1/15 HOUSEKEEPING RECLASS</b>					
1.00	HOUSEKEEPING - POST 10/1/15	9.01	188,904	24,614	1.00
	TOTALS		188,904	24,614	
500.00	Grand Total: Increases		685,606	3,179,452	500.00

RECLASSIFICATIONS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-6  
Date/Time Prepared:  
9/23/2016 1:21 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	576,498	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
	<b>TOTALS</b>		0	576,498			
<b>B - CAFETERIA</b>							
1.00	DIETARY	10.00	132,277	47,588	0		1.00
	<b>TOTALS</b>		132,277	47,588			
<b>C - RHC PHYSICIAN</b>							
1.00	RURAL HEALTH CLINIC	88.00	216,784	12,833	0		1.00
	<b>TOTALS</b>		216,784	12,833			
<b>D - DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,175,846	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	491,127	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
	<b>TOTALS</b>		0	1,666,973			
<b>E - RHC LAB</b>							
1.00	RURAL HEALTH CLINIC	88.00	2,692	2,760	0		1.00
	<b>TOTALS</b>		2,692	2,760			
<b>F - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND OTHER	5.11	0	48,117	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	12		5.00
6.00		0.00	0	0	12		6.00
	<b>TOTALS</b>		0	48,117			
<b>G - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	18,079	0		1.00
	<b>TOTALS</b>		0	18,079			
<b>H - MEDICAL SUPPLIES RECLASS</b>							
1.00	PHARMACY	15.00	0	4,119	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,268	0		2.00
3.00	OPERATING ROOM	50.00	0	25,953	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	1,285	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,453	0		5.00
6.00	RADIOISOTOPE	56.00	0	52,669	0		6.00
7.00	CT SCAN	57.00	0	12,435	0		7.00
8.00	MRI	58.00	0	2,328	0		8.00
9.00	LABORATORY	60.00	0	6	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	476	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	32	0		11.00
12.00	SENIOR LIFE SOLUTIONS	76.00	0	3	0		12.00
13.00	RURAL HEALTH CLINIC	88.00	0	110,316	0		13.00
14.00	CLINIC	90.00	0	3,118	0		14.00
15.00	EMERGENCY	91.00	0	34,767	0		15.00
	<b>TOTALS</b>		0	276,228			
<b>I - FITNESS CENTER RECLASS</b>							
1.00	FITNESS CENTER	192.01	0	3,639	0		1.00
	<b>TOTALS</b>		0	3,639			
<b>J - POST 10/1/15 MAINT. &amp; REPAIR RECLASS</b>							
1.00	MAINTENANCE & REPAIRS	6.00	144,949	502,123	0		1.00
	<b>TOTALS</b>		144,949	502,123			
<b>K - POST 10/1/15 HOUSEKEEPING RECLASS</b>							
1.00	HOUSEKEEPING	9.00	188,904	24,614	0		1.00
	<b>TOTALS</b>		188,904	24,614			
500.00	<b>Grand Total: Decreases</b>		685,606	3,179,452			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-7  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	658,227	0	0	0	1.00
2.00	Land Improvements	246,028	2,771,866	0	2,771,866	2.00
3.00	Buildings and Fixtures	5,820,235	27,608,596	0	27,608,596	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	4,642,967	1,152,057	0	1,152,057	6.00
7.00	HIT designated Assets	1,440,871	241,451	0	241,451	7.00
8.00	Subtotal (sum of lines 1-7)	12,808,328	31,773,970	0	31,773,970	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	12,808,328	31,773,970	0	31,773,970	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	658,227	0			1.00
2.00	Land Improvements	2,819,384	0			2.00
3.00	Buildings and Fixtures	29,077,452	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	5,002,731	0			6.00
7.00	HIT designated Assets	1,682,322	0			7.00
8.00	Subtotal (sum of lines 1-7)	39,240,116	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	39,240,116	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-7  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 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	1,175,496	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	491,127	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	1,666,623	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	1,175,496				1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0				1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0				1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	491,127				2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0				2.01
3.00	Total (sum of lines 1-2)	0	1,666,623				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-7  
Part III  
Date/Time Prepared:  
9/23/2016 1:21 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	5,778,565	0	5,778,565	0.461888	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0.000000	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	6,732,188	0	6,732,188	0.538112	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	12,510,753	0	12,510,753	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	28,151	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	1,119,699	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	2,751	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	20,210	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	4,685	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,249	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	349,854	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	1,529,599	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,577	7,330	0	0	37,058	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	541,055	22,856	0	0	1,683,610	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	2,670	0	0	5,421	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	4,236	0	0	24,446	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	372	0	0	5,057	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,653	0	0	14,902	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	0	349,854	2.01
3.00	Total (sum of lines 1-2)	542,632	48,117	0	0	2,120,348	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-8

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - NEW CAP REL COSTS-NEW BLDG (chapter 2)	B	-26,427		NEW CAP REL COSTS-NEW BLDG	1.01		11	1.01
1.02 Investment income - NEW CAP REL COSTS-PT BLDG (chapter 2)			0	NEW CAP REL COSTS-PT BLDG	1.02		0	1.02
1.03 Investment income - NEW CAP REL COSTS-RHC BLDG (chapter 2)			0	NEW CAP REL COSTS-RHC BLDG	1.03		0	1.03
1.04 Investment income - CAP REL COSTS-15 N MAIN BLDG (chapter 2)			0	CAP REL COSTS-15 N MAIN BLDG	1.04		0	1.04
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP NEW BLDG (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01		0	2.01
3.00 Investment income - other (chapter 2)		0			0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-17,171		PHARMACY	15.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-2,442		OTHER ADMINISTRATIVE AND OTHER	5.11		0	8.00
9.00 Parking lot (chapter 21)		0			0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,044,151					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0					0	12.00
13.00 Laundry and linen service		0			0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-37,375		DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others		0			0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		0	16.00
17.00 Sale of drugs to other than patients		0			0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-170		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		0	19.00
20.00 Vending machines	B	-33		OTHER ADMINISTRATIVE AND OTHER	5.11		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - NEW CAP REL COSTS-NEW BLDG			0	NEW CAP REL COSTS-NEW BLDG	1.01		0	26.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-8

Date/Time Prepared:  
9/23/2016 1:21 pm

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
26.02 Depreciation - NEW CAP REL COSTS-PT BLDG			NEW CAP REL COSTS-PT BLDG	1.02	0 26.02
26.03 Depreciation - NEW CAP REL COSTS-RHC BLDG			NEW CAP REL COSTS-RHC BLDG	1.03	0 26.03
26.04 Depreciation - CAP REL COSTS-15 N MAIN BLDG			CAP REL COSTS-15 N MAIN BLDG	1.04	0 26.04
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
27.01 Depreciation - CAP REL COSTS-MVBLE EQUIP NEW BLDG			CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01	0 27.01
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00	0 28.00
29.00 Physicians' assistant				0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	-137,024	CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01	9 32.00
33.00 NONPATIENT CARE RELATED PROPERTY INS	A	-4,732	OTHER ADMINISTRATIVE AND OTHER	5.11	0 33.00
34.00 REBATE - IMAGING	B	-2,409	RADIOLOGY-DIAGNOSTIC	54.00	0 34.00
34.01 REBATE - LAB	B	-338	LABORATORY	60.00	0 34.01
34.02 REBATE - CENTRAL SUPPLY	B	-578	CENTRAL SERVICES & SUPPLY	14.00	0 34.02
34.03 REBATE - DIETARY	B	-744	DIETARY	10.00	0 34.03
34.04 REBATE - COMMUNICATIONS	B	-3,158	OTHER ADMINISTRATIVE AND OTHER	5.11	0 34.04
35.00 RENT - SPECIALTY CLINIC	B	-19,470	RESPIRATORY THERAPY	65.00	0 35.00
36.00 MOBILE PET SCAN RENTAL	B	-5,225	RADIOLOGY-DIAGNOSTIC	54.00	0 36.00
37.00 NON-ALLOWABLE LOBBYING	A	-10,251	OTHER ADMINISTRATIVE AND OTHER	5.11	0 37.00
37.01 NON-ALLOWABLE LOBBYING	A	-2	DIETARY	10.00	0 37.01
37.02 NON-ALLOWABLE LOBBYING	A	-9	MEDICAL RECORDS & LIBRARY	16.00	0 37.02
37.03 NON-ALLOWABLE LOBBYING	A	-6	OPERATING ROOM	50.00	0 37.03
37.04 NON-ALLOWABLE LOBBYING	A	-51	RADIOLOGY-DIAGNOSTIC	54.00	0 37.04
37.05 NON-ALLOWABLE LOBBYING	A	-735	RURAL HEALTH CLINIC	88.00	0 37.05
37.06 NON-ALLOWABLE LOBBYING	A	-8	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.06
37.07 NON-ALLOWABLE LOBBYING	A	-65	PHARMACY	15.00	0 37.07
38.00 CHAMBER OF COMMERCE DUES	A	-1,100	OTHER ADMINISTRATIVE AND OTHER	5.11	0 38.00
39.00 NON-ALLOWABLE ADVERTISING	A	-88,697	OTHER ADMINISTRATIVE AND OTHER	5.11	0 39.00
40.00 GIFTS & DONATIONS	A	-1,158	OTHER ADMINISTRATIVE AND OTHER	5.11	0 40.00
41.00 OTHER ENTERTAINMENT	A	-1,565	OTHER ADMINISTRATIVE AND OTHER	5.11	0 41.00
42.00 COMMUNITY EDUCATION	A	-17,599	OTHER ADMINISTRATIVE AND OTHER	5.11	0 42.00
43.00 OUTSIDE SERVICES - PHYSICAL THERAPY	B	-5,324	PHYSICAL THERAPY	66.00	0 43.00
43.01 OUTSIDE SERVICES - OCCUP THERAPY	B	-12,860	OCCUPATIONAL THERAPY	67.00	0 43.01
43.02 OUTSIDE SERVICES - SPEECH PATHOLOGY	B	-16,791	SPEECH PATHOLOGY	68.00	0 43.02
43.03 OUTSIDE SERVICES - IMAGING	B	-275	CT SCAN	57.00	0 43.03
43.04 OUTSIDE SERVICES - LAB	B	-7,115	LABORATORY	60.00	0 43.04
44.00 LIABILITY CLAIMS	A	-221	OTHER ADMINISTRATIVE AND OTHER	5.11	0 44.00
45.00 DONATED AND TRIAL RX	A	-13,397	PHARMACY	15.00	0 45.00
46.00 DIETICIAN'S CONSULTS	B	-1,886	DIETARY	10.00	0 46.00
47.00 NON-HOSP RX	B	-4,535	PHARMACY	15.00	0 47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,485,097			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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-8

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet A-8-2

Date/Time Prepared:  
9/23/2016 1:21 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	30.00	DR. F	98,125	98,125	0	0	0	1.00
2.00	30.00	DR. R	60,489	60,489	0	0	0	2.00
3.00	30.00	DR. B	46,310	46,310	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	24,694	24,694	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	4,780	4,780	0	0	0	5.00
6.00	54.01	AGGREGATE-ONCOLOGY	272,000	272,000	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	21,125	0	21,125	0	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	2,920	2,920	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	11,986	11,986	0	0	0	9.00
10.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	29,375	0	29,375	0	0	10.00
11.00	91.00	AGGREGATE-EMERGENCY	1,537,784	522,847	1,014,937	0	0	11.00
200.00			2,109,588	1,044,151	1,065,437		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. F	0	0	0	0	0	1.00
2.00	30.00	DR. R	0	0	0	0	0	2.00
3.00	30.00	DR. B	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	0	0	0	0	0	10.00
11.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. F	0	0	0	98,125		1.00
2.00	30.00	DR. R	0	0	0	60,489		2.00
3.00	30.00	DR. B	0	0	0	46,310		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	24,694		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	4,780		5.00
6.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	272,000		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	2,920		8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	11,986		9.00
10.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	0	0	0	0		10.00
11.00	91.00	AGGREGATE-EMERGENCY	0	0	0	522,847		11.00
200.00			0	0	0	1,044,151		200.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141307		Period: From 05/01/2015 To 04/30/2016		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 9/23/2016 1:21 pm	
				Physical Therapy		Cost	
						1.00	
<b>PART I - GENERAL INFORMATION</b>							
1.00	Total number of weeks worked (excluding aides) (see instructions)					14	1.00
2.00	Line 1 multiplied by 15 hours per week					210	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					70	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					6.00	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	0.00	72.00	0.00	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	80.87	0.00	0.00	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	40.44	40.44	0.00			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
						1.00	
<b>Part II - SALARY EQUIVALENCY COMPUTATION</b>							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					5,823	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					0	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					5,823	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					5,823	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					80.88	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					16,985	22.00
23.00	Total salary equivalency (see instructions)					16,985	23.00
<b>PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE</b>							
<b>Standard Travel Allowance</b>							
24.00	Therapists (line 3 times column 2, line 11)					2,831	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					2,831	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					420	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					3,251	28.00
<b>Optional Travel Allowance and Optional Travel Expense</b>							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					3,251	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					420	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
<b>Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE</b>							
<b>Standard Travel Expense</b>							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
<b>Optional Travel Allowance and Optional Travel Expense</b>							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141307				Period: From 05/01/2015 To 04/30/2016		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 9/23/2016 1:21 pm	
								Physical Therapy	Cost
								1.00	
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)						0	46.00	
		Therapists	Assistants	Aides	Trainees	Total			
		1.00	2.00	3.00	4.00	5.00			
<b>PART V - OVERTIME COMPUTATION</b>									
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00		
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00	0.00	48.00		
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00	0.00	49.00		
<b>CALCULATION OF LIMIT</b>									
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00		
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50 (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00		
<b>DETERMINATION OF OVERTIME ALLOWANCE</b>									
52.00	Adjusted hourly salary equivalency amount (see instructions)	80.87	0.00	0.00	0.00	0.00	52.00		
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0	0	53.00		
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0	0	54.00		
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0	0	55.00		
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00		
								1.00	
<b>Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT</b>									
57.00	Salary equivalency amount (from line 23)						16,985	57.00	
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))						3,251	58.00	
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)						0	59.00	
60.00	Overtime allowance (from column 5, line 56)						0	60.00	
61.00	Equipment cost (see instructions)						0	61.00	
62.00	Supplies (see instructions)						0	62.00	
63.00	Total allowance (sum of lines 57-62)						20,236	63.00	
64.00	Total cost of outside supplier services (from your records)						4,380	64.00	
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)						0	65.00	
<b>LINE 33 CALCULATION</b>									
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others						2,831	100.00	
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others						420	100.01	
100.02	Line 33 = line 28 = sum of lines 26 and 27						3,251	100.02	
<b>LINE 34 CALCULATION</b>									
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others						420	101.00	
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others						0	101.01	
101.02	Line 34 = sum of lines 27 and 31						420	101.02	
<b>LINE 35 CALCULATION</b>									
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others						0	102.00	
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others						0	102.01	
102.02	Line 35 = sum of lines 31 and 32						0	102.02	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141307		Period: From 05/01/2015 To 04/30/2016		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 9/23/2016 1:21 pm	
				Speech Pathology		Cost	
						1.00	
<b>PART I - GENERAL INFORMATION</b>							
1.00	Total number of weeks worked (excluding aides) (see instructions)					1	1.00
2.00	Line 1 multiplied by 15 hours per week					15	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					5	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					6.00	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	0.00	8.75	0.00	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	73.71	0.00	0.00	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	36.86	36.86	0.00			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
						1.00	
<b>Part II - SALARY EQUIVALENCY COMPUTATION</b>							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					645	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					0	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					645	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					645	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					73.71	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					1,106	22.00
23.00	Total salary equivalency (see instructions)					1,106	23.00
<b>PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE</b>							
<b>Standard Travel Allowance</b>							
24.00	Therapists (line 3 times column 2, line 11)					184	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					184	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					30	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					214	28.00
<b>Optional Travel Allowance and Optional Travel Expense</b>							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					214	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					30	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
<b>Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE</b>							
<b>Standard Travel Expense</b>							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
<b>Optional Travel Allowance and Optional Travel Expense</b>							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141307				Period: From 05/01/2015 To 04/30/2016		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 9/23/2016 1:21 pm	
						Speech Pathology		Cost	
						1.00			
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)							0	46.00
		Therapists	Assistants	Aides	Trainees	Total			
		1.00	2.00	3.00	4.00	5.00			
<b>PART V - OVERTIME COMPUTATION</b>									
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00		0	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00	0.00		0	48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00	0.00		0	49.00
<b>CALCULATION OF LIMIT</b>									
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00		0	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50 (see instructions)	0.00	0.00	0.00	0.00	0.00		0	51.00
<b>DETERMINATION OF OVERTIME ALLOWANCE</b>									
52.00	Adjusted hourly salary equivalency amount (see instructions)	73.71	0.00	0.00	0.00	0.00		0	52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0	0		0	53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0	0		0	54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0	0		0	55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0		0	56.00
						1.00			
<b>Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT</b>									
57.00	Salary equivalency amount (from line 23)					1,106		0	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					214		0	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0		0	59.00
60.00	Overtime allowance (from column 5, line 56)					0		0	60.00
61.00	Equipment cost (see instructions)					0		0	61.00
62.00	Supplies (see instructions)					0		0	62.00
63.00	Total allowance (sum of lines 57-62)					1,320		0	63.00
64.00	Total cost of outside supplier services (from your records)					452		0	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0		0	65.00
<b>LINE 33 CALCULATION</b>									
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					184		0	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					30		0	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					214		0	100.02
<b>LINE 34 CALCULATION</b>									
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					30		0	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0		0	101.01
101.02	Line 34 = sum of lines 27 and 31					30		0	101.02
<b>LINE 35 CALCULATION</b>									
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0		0	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0		0	102.01
102.02	Line 35 = sum of lines 31 and 32					0		0	102.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG		
		0	1.00	1.01	1.02	1.03		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	37,058	37,058			1.00	
1.01	00101	NEW CAP REL COSTS-NEW BLDG	1,683,610	0	1,683,610		1.01	
1.02	00102	NEW CAP REL COSTS-PT BLDG	5,421	0	0	5,421	1.02	
1.03	00103	NEW CAP REL COSTS-RHC BLDG	24,446	0	0	0	1.03	
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	5,057	0	0	0	1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,902				2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	349,854				2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,477,930	0	0	0	4.00	
5.06	00540	NONPATIENT TELEPHONES	104,434	0	0	0	5.06	
5.08	00590	PURCHASING, RECEIVING AND STORES	46,432	488	2,101	0	5.08	
5.09	00570	ADMINISTRATIVE	207,811	248	20,979	50	5.09	
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	554,332	347	4,169	0	5.10	
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	1,688,624	12,999	383,665	0	5.11	
6.00	00600	MAINTENANCE & REPAIRS	139,887	4,665	65,072	0	6.00	
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	647,072	0	0	0	6.01	
8.00	00800	LAUNDRY & LINEN SERVICE	112,289	347	8,338	0	8.00	
9.00	00900	HOUSEKEEPING	153,728	261	16,677	0	9.00	
9.01	00901	HOUSEKEEPING - POST 10/1/15	213,518	0	0	0	9.01	
10.00	01000	DIETARY	193,043	0	55,433	0	10.00	
11.00	01100	CAFETERIA	179,865	2,920	23,114	0	11.00	
13.00	01300	NURSING ADMINISTRATION	369,544	408	6,771	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	27,487	1,585	26,849	0	14.00	
15.00	01500	PHARMACY	1,685,472	531	26,449	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	403,644	555	26,616	0	16.00	
17.00	01700	SOCIAL SERVICE	31,346	144	1,868	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	288,320	0	0	0	19.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,480,933	2,751	183,477	0	30.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	314,857	1,076	181,709	0	50.00	
53.00	05300	ANESTHESIOLOGY	10,122	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	562,705	2,082	108,632	0	54.00	
54.01	05401	ONCOLOGY	228,072	736	54,066	0	54.01	
56.00	05600	RADIOISOTOPE	104,364	303	5,803	0	56.00	
57.00	05700	CT SCAN	91,988	0	17,844	0	57.00	
58.00	05800	MRI	186,955	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	912,753	1,069	53,065	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	342,344	486	82,216	0	65.00	
66.00	06600	PHYSICAL THERAPY	357,654	207	0	4,070	66.00	
67.00	06700	OCCUPATIONAL THERAPY	107,121	51	0	288	67.00	
68.00	06800	SPEECH PATHOLOGY	65,638	0	0	49	68.00	
69.00	06900	ELECTROCARDIOLOGY	13,017	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,637	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	276,228	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,079	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03950	SENIOR LIFE SOLUTIONS	273,171	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	30,739	401	4,336	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	1,965,558	0	198,352	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	16,429	639	2,535	0	90.00	
90.01	09001	COUMADIN CLINIC	24,789	0	0	0	90.01	
90.02	04050	TELEMEDICINE	576	0	0	0	90.02	
91.00	09100	EMERGENCY	1,559,299	701	115,269	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,592,154	36,000	1,675,405	4,457	24,446	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		1.00	1.01	1.02	1.03	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,205	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	356	0	0	0	192.00
192.01 19201 FITNESS CENTER	58,311	0	0	22	0	192.01
192.02 19202 RETAIL PHARMACY	0	0	0	0	0	192.02
192.03 19203 LEASED SPACE	0	702	0	0	0	192.03
192.04 19204 VACANT SPACE	0	0	0	942	0	192.04
192.05 19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06 19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	20,650,465	37,058	1,683,610	5,421	24,446	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
			1.04	2.00	2.01			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	5,057					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,902				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG		0	349,854			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	2,477,930		4.00
5.06	00540	NONPATIENT TELEPHONES	0	0	0	0	104,434	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	0	0	0	11,578	514	5.08
5.09	00570	ADMINISTRATIVE	0	0	0	51,154	2,572	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	100,707	5,145	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	2,528	9,691	10,375	203,900	13,890	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,336	61,488	2,572	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,188	0	9,908	1,029	8.00
9.00	00900	HOUSEKEEPING	0	0	0	83,906	0	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	6,452	43,683	2,058	10.00
11.00	01100	CAFETERIA	0	0	4,979	33,714	514	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	92,044	2,058	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	6,346	514	14.00
15.00	01500	PHARMACY	0	0	13,466	72,529	2,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,023	1,079	91,862	5,145	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	6,946	514	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	41,540	408,739	8,231	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	62,505	26,814	3,087	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	43,649	116,756	6,688	54.00
54.01	05401	ONCOLOGY	0	0	3,031	51,695	1,543	54.01
56.00	05600	RADIOISOTOPE	0	0	0	15,833	514	56.00
57.00	05700	CT SCAN	0	0	29,649	12,676	514	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	61,986	108,488	3,087	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	7,772	61,072	5,659	65.00
66.00	06600	PHYSICAL THERAPY	0	0	622	88,018	2,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,234	28,683	514	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	19,940	514	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	11,709	1,904	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	236	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	2,529	0	1,483	39,592	2,058	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,348	7,482	514	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	16,860	472,292	20,582	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	4,054	1,029	90.00
90.01	09001	COUMADIN CLINIC	0	0	0	5,518	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	70	2,058	90.02
91.00	09100	EMERGENCY	0	0	22,052	122,986	6,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,057	14,902	349,127	2,462,613	103,920	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
			1.04	2.00	2.01			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	727	15,317	514	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,057	14,902	349,854	2,477,930	104,434	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND OTHER	
			5.08	5.09	5.10	5A.10	5.11	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	61,113					5.08
5.09	00570	ADMINITTING	434	283,248				5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,680	0	670,786			5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	3,085	0	0	2,339,950	2,339,950	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,142	0	0	280,162	35,803	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0	0	647,072	82,691	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	33	0	0	134,132	17,141	8.00
9.00	00900	HOUSEKEEPING	1,846	0	0	256,418	32,768	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0	0	213,518	27,286	9.01
10.00	01000	DIETARY	715	0	0	301,384	38,515	10.00
11.00	01100	CAFETERIA	0	0	0	245,106	31,323	11.00
13.00	01300	NURSING ADMINISTRATION	200	0	0	471,025	60,194	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	194	0	0	62,975	8,048	14.00
15.00	01500	PHARMACY	772	0	0	1,801,277	230,191	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	218	0	0	532,142	68,004	16.00
17.00	01700	SOCIAL SERVICE	2	0	0	40,820	5,217	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	288,320	36,845	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,997	94,307	33,758	2,256,733	288,395	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,656	22	14,683	607,409	77,623	50.00
53.00	05300	ANESTHESIOLOGY	132	49	8,908	19,725	2,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,722	16,154	52,768	911,156	116,439	54.00
54.01	05401	ONCOLOGY	0	1,255	6,927	347,325	44,386	54.01
56.00	05600	RADIOISOTOPE	326	1,763	13,237	142,143	18,165	56.00
57.00	05700	CT SCAN	725	20,858	103,563	277,817	35,503	57.00
58.00	05800	MRI	25	2,483	24,504	213,967	27,343	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	16,052	40,522	128,843	1,325,865	169,436	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,318	16,315	18,827	536,009	68,498	65.00
66.00	06600	PHYSICAL THERAPY	181	20,917	35,941	509,668	65,132	66.00
67.00	06700	OCCUPATIONAL THERAPY	99	10,104	8,744	156,838	20,043	67.00
68.00	06800	SPEECH PATHOLOGY	1	1,286	1,816	89,244	11,405	68.00
69.00	06900	ELECTROCARDIOLOGY	27	1,151	6,126	33,934	4,337	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72	36	125	4,106	525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,897	8,557	5,926	307,608	39,310	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,106	61	1,352	20,598	2,632	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,983	94,802	136,785	17,480	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	172	0	17,378	336,383	42,987	76.00
76.97	07697	CARDIAC REHABILITATION	3	0	2,867	49,690	6,350	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	4,006	0	49,099	2,735,596	349,584	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	32	0	473	25,191	3,219	90.00
90.01	09001	COUMADIN CLINIC	192	0	2,261	32,760	4,186	90.01
90.02	04050	TELEMEDICINE	0	0	0	2,704	346	90.02
91.00	09100	EMERGENCY	2,025	5,425	37,858	1,871,788	239,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,087	283,248	670,786	20,565,343	2,329,072	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,205	1,049	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	356	45	192.00
192.01	19201	FITNESS CENTER	26	0	0	74,917	9,574	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND OTHER	
		5.08	5.09	5.10	5A.10	5.11	
192.02	19202 RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203 LEASED SPACE	0	0	0	702	90	192.03
192.04	19204 VACANT SPACE	0	0	0	942	120	192.04
192.05	19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	61,113	283,248	670,786	20,650,465	2,339,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period: From 05/01/2015 To 04/30/2016

Worksheet B Part I Date/Time Prepared: 9/23/2016 1:21 pm

Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- POST 10/1/15	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - POST 10/1/15	
		6.00	6.01	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.06	00540						5.06
5.08	00590						5.08
5.09	00570						5.09
5.10	00580						5.10
5.11	00591						5.11
6.00	00600	315,965					6.00
6.01	00601	0	729,763				6.01
8.00	00800	3,229	4,463	158,965			8.00
9.00	00900	2,423	8,925	20,541	321,075		9.00
9.01	00901	0	0	0	0	240,804	9.01
10.00	01000	0	29,635	7,462	29,455	15,390	10.00
11.00	01100	27,133	12,351	0	0	5,253	11.00
13.00	01300	3,799	3,625	0	81	315	13.00
14.00	01400	14,735	14,351	0	3,499	919	14.00
15.00	01500	4,939	14,142	0	8,381	3,230	15.00
16.00	01600	5,157	14,236	0	4,394	2,626	16.00
17.00	01700	1,335	995	0	0	315	17.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	25,568	98,103	66,738	86,005	61,769	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	9,998	97,160	11,122	11,554	14,655	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	19,346	58,086	14,810	22,213	7,457	54.00
54.01	05401	6,838	28,912	1,124	8,706	13,735	54.01
56.00	05600	2,820	3,101	0	0	762	56.00
57.00	05700	0	9,543	0	0	1,471	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	9,935	28,368	883	17,575	7,511	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	4,518	43,955	806	11,229	9,166	65.00
66.00	06600	39,618	57,207	5,660	22,620	10,400	66.00
67.00	06700	0	7,417	0	0	0	67.00
68.00	06800	0	1,257	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	9,670	17,599	0	9,601	2,679	76.00
76.97	07697	3,718	2,326	0	2,116	1,996	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	56,702	106,052	0	43,776	31,542	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	5,946	1,362	0	0	735	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	04050	0	0	0	0	0	90.02
91.00	09100	6,516	61,627	25,516	39,870	48,878	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		263,943	724,798	154,662	321,075	240,804	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	4,389	0	0	0	190.00
192.00	19200	3,310	0	0	0	0	192.00
192.01	19201	0	576	4,303	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- POST 10/1/15	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - POST 10/1/15	
		6.00	6.01	8.00	9.00	9.01	
192.02	19202 RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203 LEASED SPACE	6,527	0	0	0	0	192.03
192.04	19204 VACANT SPACE	42,185	0	0	0	0	192.04
192.05	19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	315,965	729,763	158,965	321,075	240,804	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period: From 05/01/2015 To 04/30/2016

Worksheet B Part I Date/Time Prepared: 9/23/2016 1:21 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.06	00540						5.06
5.08	00590						5.08
5.09	00570						5.09
5.10	00580						5.10
5.11	00591						5.11
6.00	00600						6.00
6.01	00601						6.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000	421,841					10.00
11.00	01100	192,350	513,516				11.00
13.00	01300	0	22,943	561,982			13.00
14.00	01400	0	2,709	0	107,236		14.00
15.00	01500	0	14,101	0	812	2,077,073	15.00
16.00	01600	0	40,191	0	294	0	16.00
17.00	01700	0	2,948	0	5	0	17.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	195,414	114,717	382,869	6,261	0	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,700	7,130	24,285	5,557	0	50.00
53.00	05300	0	0	0	277	0	53.00
54.00	05400	0	30,591	0	3,604	0	54.00
54.01	05401	3,220	11,153	42,292	0	0	54.01
56.00	05600	0	3,904	0	683	0	56.00
57.00	05700	0	3,625	0	1,517	0	57.00
58.00	05800	0	0	0	52	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	36,885	0	33,445	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	13,543	0	2,759	0	65.00
66.00	06600	0	20,792	0	378	0	66.00
67.00	06700	0	7,409	0	208	0	67.00
68.00	06800	0	3,784	0	3	0	68.00
69.00	06900	0	797	0	57	0	69.00
70.00	07000	0	40	0	150	0	70.00
71.00	07100	0	0	0	35,354	0	71.00
72.00	07200	0	0	0	2,314	0	72.00
73.00	07300	0	0	0	0	2,077,073	73.00
76.00	03950	28,157	11,352	0	356	0	76.00
76.97	07697	0	1,713	0	6	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	122,282	0	8,383	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	836	3,213	67	0	90.00
90.01	09001	0	836	0	402	0	90.01
90.02	04050	0	0	0	0	0	90.02
91.00	09100	0	29,874	109,323	4,238	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		421,841	504,155	561,982	107,182	2,077,073	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	6,931	0	54	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
192.02	19202 RETAIL PHARMACY	0	2,430	0	0	0	192.02
192.03	19203 LEASED SPACE	0	0	0	0	0	192.03
192.04	19204 VACANT SPACE	0	0	0	0	0	192.04
192.05	19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	421,841	513,516	561,982	107,236	2,077,073	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part I Date/Time Prepared: 9/23/2016 1:21 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			16.00	17.00	19.00	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.06	00540	NONPATIENT TELEPHONES					5.06
5.08	00590	PURCHASING, RECEIVING AND STORES					5.08
5.09	00570	ADMITTING					5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	667,044				16.00
17.00	01700	SOCIAL SERVICE	0	51,635			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	325,165		19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	211,757	50,235	0	3,844,564	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,907	0	0	876,100	50.00
53.00	05300	ANESTHESIOLOGY	0	0	325,165	347,688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,183	0	0	1,199,885	54.00
54.01	05401	ONCOLOGY	115,253	1,400	0	624,344	54.01
56.00	05600	RADIOISOTOPE	0	0	0	171,578	56.00
57.00	05700	CT SCAN	0	0	0	329,476	57.00
58.00	05800	MRI	0	0	0	241,362	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	1,629,903	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	15,196	0	0	705,679	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	731,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	191,915	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	105,693	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,821	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	382,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	25,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,231,338	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	458,784	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	67,915	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	3,453,917	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	40,569	90.00
90.01	09001	COUMADIN CLINIC	0	0	0	38,184	90.01
90.02	04050	TELEMEDICINE	0	0	0	3,050	90.02
91.00	09100	EMERGENCY	301,748	0	0	2,738,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	667,044	51,635	325,165	20,483,760	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	13,643	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			16.00	17.00	19.00	24.00	25.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,711	0
192.01	19201	FITNESS CENTER	0	0	0	96,355	0
192.02	19202	RETAIL PHARMACY	0	0	0	2,430	0
192.03	19203	LEASED SPACE	0	0	0	7,319	0
192.04	19204	VACANT SPACE	0	0	0	43,247	0
192.05	19205	MEALS ON WHEELS	0	0	0	0	0
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	667,044	51,635	325,165	20,650,465	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part I Date/Time Prepared: 9/23/2016 1:21 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.06	00540	NONPATIENT TELEPHONES	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	5.08
5.09	00570	ADMITTING	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	5.11
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	9.01
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY	54.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	COUMADIN CLINIC	90.01
90.02	04050	TELEMEDICINE	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910	CORF	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	FITNESS CENTER	192.01
192.02	19202	RETAIL PHARMACY	192.02
192.03	19203	LEASED SPACE	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			Total	
			26.00	
192.04	19204	VACANT SPACE	43,247	192.04
192.05	19205	MEALS ON WHEELS	0	192.05
192.06	19206	15 N MAIN BUILDING	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	20,650,465	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02 00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03 00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04 00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.06 00540	NONPATIENT TELEPHONES	0	0	0	0	5.06
5.08 00590	PURCHASING, RECEIVING AND STORES	0	488	2,101	0	5.08
5.09 00570	ADMITTING	0	248	20,979	50	5.09
5.10 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	347	4,169	0	5.10
5.11 00591	OTHER ADMINISTRATIVE AND OTHER	0	12,999	383,665	0	11,193
6.00 00600	MAINTENANCE & REPAIRS	0	4,665	65,072	0	6.00
6.01 00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0	0	0	6.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	347	8,338	0	8.00
9.00 00900	HOUSEKEEPING	0	261	16,677	0	9.00
9.01 00901	HOUSEKEEPING - POST 10/1/15	0	0	0	0	9.01
10.00 01000	DIETARY	0	0	55,433	0	10.00
11.00 01100	CAFETERIA	0	2,920	23,114	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	408	6,771	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	1,585	26,849	0	14.00
15.00 01500	PHARMACY	0	531	26,449	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	555	26,616	0	16.00
17.00 01700	SOCIAL SERVICE	0	144	1,868	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,751	183,477	0	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,076	181,709	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,082	108,632	0	54.00
54.01 05401	ONCOLOGY	0	736	54,066	0	54.01
56.00 05600	RADIOISOTOPE	0	303	5,803	0	56.00
57.00 05700	CT SCAN	0	0	17,844	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	1,069	53,065	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	486	82,216	0	65.00
66.00 06600	PHYSICAL THERAPY	0	207	0	4,070	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	51	0	288	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	49	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	401	4,336	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	198,352	0	8,847
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	639	2,535	0	90.00
90.01 09001	COUMADIN CLINIC	0	0	0	0	90.01
90.02 04050	TELEMEDICINE	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	701	115,269	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	36,000	1,675,405	4,457	24,446

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		1.00	1.01	1.02	1.03	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,205	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	356	0	0	0	192.00
192.01 19201 FITNESS CENTER	0	0	0	22	0	192.01
192.02 19202 RETAIL PHARMACY	0	0	0	0	0	192.02
192.03 19203 LEASED SPACE	0	702	0	0	0	192.03
192.04 19204 VACANT SPACE	0	0	0	942	0	192.04
192.05 19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06 19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	37,058	1,683,610	5,421	24,446	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
		1.04	2.00	2.01			
		2A			4.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.06	00540	NONPATIENT TELEPHONES	0	0	0	0	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	0	0	0	2,589	5.08
5.09	00570	ADMINISTRATIVE	0	0	0	21,277	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	8,922	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	2,528	9,691	10,375	430,451	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,336	75,073	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,188	0	10,873	8.00
9.00	00900	HOUSEKEEPING	0	0	0	16,938	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	6,452	61,885	10.00
11.00	01100	CAFETERIA	0	0	4,979	31,013	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	7,179	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	28,434	14.00
15.00	01500	PHARMACY	0	0	13,466	40,446	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,023	1,079	31,273	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,012	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	41,540	227,768	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	62,505	245,290	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	43,649	154,363	54.00
54.01	05401	ONCOLOGY	0	0	3,031	57,833	54.01
56.00	05600	RADIOISOTOPE	0	0	0	6,106	56.00
57.00	05700	CT SCAN	0	0	29,649	47,493	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	61,986	116,120	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	7,772	90,474	65.00
66.00	06600	PHYSICAL THERAPY	0	0	622	4,899	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,234	1,573	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	49	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	11,709	11,709	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	2,529	0	1,483	4,012	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,348	8,085	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	16,860	224,059	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	3,174	90.00
90.01	09001	COMMUNITY CLINIC	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	22,052	138,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,057	14,902	349,127	2,109,394	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,205	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
			1.04	2.00	2.01			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	356	0	192.00
192.01	19201	FITNESS CENTER	0	0	727	749	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	702	0	192.03
192.04	19204	VACANT SPACE	0	0	0	942	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,057	14,902	349,854	2,120,348		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141307		Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/23/2016 1:21 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND OTHER	
			5.06	5.08	5.09	5.10	5.11	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES	0					5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	0	2,589				5.08
5.09	00570	ADMINISTRATIVE	0		21,295			5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0			8,993		5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	0	131		0	430,582	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	48		0	6,588	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0		0	15,217	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1		0	3,154	8.00
9.00	00900	HOUSEKEEPING	0	78		0	6,030	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0		0	5,021	9.01
10.00	01000	DIETARY	0	30		0	7,087	10.00
11.00	01100	CAFETERIA	0	0		0	5,764	11.00
13.00	01300	NURSING ADMINISTRATION	0	8		0	11,077	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8		0	1,481	14.00
15.00	01500	PHARMACY	0	33		0	42,359	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9		0	12,514	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	960	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	6,780	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	127	7,091	453	53,069	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	113	2	197	14,284	50.00
53.00	05300	ANESTHESIOLOGY	0	6	4	120	464	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73	1,214	709	21,427	54.00
54.01	05401	ONCOLOGY	0	0	94	93	8,168	54.01
56.00	05600	RADIO SOTOPE	0	14	133	178	3,343	56.00
57.00	05700	CT SCAN	0	31	1,568	1,391	6,533	57.00
58.00	05800	MRI	0	1	187	329	5,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	680	3,046	1,715	31,179	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	56	1,226	253	12,605	65.00
66.00	06600	PHYSICAL THERAPY	0	8	1,572	483	11,985	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4	760	117	3,688	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	97	24	2,099	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1	86	82	798	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3	3	2	97	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	717	643	80	7,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47	5	18	484	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,156	1,273	3,217	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	7	0	233	7,910	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	39	1,169	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	170	0	659	64,320	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1	0	6	592	90.00
90.01	09001	COUMADIN CLINIC	0	8	0	30	770	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	64	90.02
91.00	09100	EMERGENCY	0	86	408	509	44,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,588	21,295	8,993	428,580	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	193	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	8	192.00
192.01	19201	FITNESS CENTER	0	1	0	0	1,762	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND OTHER	
		5.06	5.08	5.09	5.10	5.11	
192.02	19202 RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203 LEASED SPACE	0	0	0	0	17	192.03
192.04	19204 VACANT SPACE	0	0	0	0	22	192.04
192.05	19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	2,589	21,295	8,993	430,582	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- POST 10/1/15	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - POST 10/1/15	
			6.00	6.01	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMINISTRATIVE						5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER						5.11
6.00	00600	MAINTENANCE & REPAIRS	81,709					6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	15,217				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	835	93	14,956			8.00
9.00	00900	HOUSEKEEPING	627	186	1,933	25,792		9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0	0	0	5,021	9.01
10.00	01000	DIETARY	0	618	702	2,366	321	10.00
11.00	01100	CAFETERIA	7,017	258	0	0	110	11.00
13.00	01300	NURSING ADMINISTRATION	982	76	0	7	7	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,811	299	0	281	19	14.00
15.00	01500	PHARMACY	1,277	295	0	673	67	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,334	297	0	353	55	16.00
17.00	01700	SOCIAL SERVICE	345	21	0	0	7	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,612	2,046	6,278	6,909	1,286	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,586	2,026	1,046	928	306	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,003	1,211	1,393	1,784	155	54.00
54.01	05401	ONCOLOGY	1,768	603	106	699	286	54.01
56.00	05600	RADIOISOTOPE	729	65	0	0	16	56.00
57.00	05700	CT SCAN	0	199	0	0	31	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,569	592	83	1,412	157	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,168	917	76	902	191	65.00
66.00	06600	PHYSICAL THERAPY	10,245	1,193	533	1,817	217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	155	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	26	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	2,501	367	0	771	56	76.00
76.97	07697	CARDIAC REHABILITATION	962	48	0	170	42	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	14,662	2,209	0	3,517	658	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,538	28	0	0	15	90.00
90.01	09001	COUMADIN CLINIC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,685	1,285	2,401	3,203	1,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	68,256	15,113	14,551	25,792	5,021	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	92	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	856	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	12	405	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141307		Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/23/2016 1:21 pm		
Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- POST 10/1/15	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - POST 10/1/15		
			6.00	6.01	8.00	9.00	9.01		
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	1,688	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	10,909	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	81,709	15,217	14,956	25,792	5,021		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.06	00540						5.06
5.08	00590						5.08
5.09	00570						5.09
5.10	00580						5.10
5.11	00591						5.11
6.00	00600						6.00
6.01	00601						6.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
19.00	01900						19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000						30.00
41.00	04100						41.00
42.00	04200						42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000						50.00
53.00	05300						53.00
54.00	05400						54.00
54.01	05401						54.01
56.00	05600						56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
60.01	06001						60.01
65.00	06500						65.00
66.00	06600						66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
76.00	03950						76.00
76.97	07697						76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000						90.00
90.01	09001						90.01
90.02	04050						90.02
91.00	09100						91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910						99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900						109.00
110.00	11000						110.00
111.00	11100						111.00
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		73,009	76,041	22,796	34,724	87,540	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000						190.00
192.00	19200						192.00
192.01	19201						192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
192.02	19202 RETAIL PHARMACY	0	366	0	0	0	192.02
192.03	19203 LEASED SPACE	0	0	0	0	0	192.03
192.04	19204 VACANT SPACE	0	0	0	0	0	192.04
192.05	19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	73,009	77,452	22,796	34,742	87,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141307		Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/23/2016 1:21 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMITTING						5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,992					16.00
17.00	01700	SOCIAL SERVICE	0	3,791				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	6,780			19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	16,505	3,688		400,515	0	30.00
41.00	04100	SUBPROVIDER - I RF	0	0		0	0	41.00
42.00	04200	SUBPROVIDER	0	0		0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	538	0		271,643	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0		684	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,261	0		194,375	0	54.00
54.01	05401	ONCOLOGY	8,983	103		82,691	0	54.01
56.00	05600	RADIOISOTOPE	0	0		11,394	0	56.00
57.00	05700	CT SCAN	0	0		58,284	0	57.00
58.00	05800	MRI	0	0		5,566	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		0	0	59.00
60.00	06000	LABORATORY	0	0		173,952	0	60.00
60.01	06001	BLOOD LABORATORY	0	0		0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,184	0		111,989	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		36,210	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		7,481	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		2,867	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		12,815	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		160	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		20,127	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		1,304	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		95,186	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0		22,557	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0		10,775	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0		331,415	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90.00	09000	CLINIC	0	0		5,632	0	90.00
90.01	09001	COUMADIN CLINIC	0	0		1,064	0	90.01
90.02	04050	TELEMEDICINE	0	0		64	0	90.02
91.00	09100	EMERGENCY	23,521	0		226,470	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0		0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0		0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,992	3,791	0	2,085,220	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		8,490	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			16.00	17.00	19.00	24.00	25.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		1,220	0
192.01	19201	FITNESS CENTER	0	0		3,992	0
192.02	19202	RETAIL PHARMACY	0	0		366	0
192.03	19203	LEASED SPACE	0	0		2,407	0
192.04	19204	VACANT SPACE	0	0		11,873	0
192.05	19205	MEALS ON WHEELS	0	0		0	0
192.06	19206	15 N MAIN BUILDING	0	0		0	0
200.00		Cross Foot Adjustments			6,780	6,780	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	51,992	3,791	6,780	2,120,348	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/23/2016 1:21 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.06	00540	NONPATIENT TELEPHONES	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	5.08
5.09	00570	ADMITTING	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	5.11
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	9.01
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY	54.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	COUMADIN CLINIC	90.01
90.02	04050	TELEMEDICINE	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910	CORF	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	FITNESS CENTER	192.01
192.02	19202	RETAIL PHARMACY	192.02
192.03	19203	LEASED SPACE	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			Total	
			26.00	
192.04	19204	VACANT SPACE	11,873	192.04
192.05	19205	MEALS ON WHEELS	0	192.05
192.06	19206	15 N MAIN BUILDING	0	192.06
200.00		Cross Foot Adjustments	6,780	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	2,120,348	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		CAPITAL RELATED COSTS					15 N MAIN BLDG (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)			
		1.00	1.01	1.02	1.03	1.04		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	24,688					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	50,478				1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	0	7,828			1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	0	0	0	11,230		1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	3,360	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.06	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.06
5.08	00590	PURCHASING, RECEIVING AND STORES	325	63	0	0	0	5.08
5.09	00570	ADMINISTRATIVE	165	629	72	0	0	5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	231	125	0	2,024	0	5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	8,659	11,503	0	5,142	1,680	5.11
6.00	00600	MAINTENANCE & REPAIRS	3,108	1,951	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	231	250	0	0	0	8.00
9.00	00900	HOUSEKEEPING	174	500	0	0	0	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	1,662	0	0	0	10.00
11.00	01100	CAFETERIA	1,945	693	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	272	203	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,056	805	0	0	0	14.00
15.00	01500	PHARMACY	354	793	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	370	798	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	96	56	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,833	5,501	0	0	0	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	717	5,448	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,387	3,257	0	0	0	54.00
54.01	05401	ONCOLOGY	490	1,621	0	0	0	54.01
56.00	05600	RADIOISOTOPE	202	174	0	0	0	56.00
57.00	05700	CT SCAN	0	535	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	712	1,591	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	324	2,465	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	138	0	5,877	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34	0	416	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	71	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	1,680	76.00
76.97	07697	CARDIAC REHABILITATION	267	130	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	5,947	0	4,064	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	426	76	0	0	0	90.00
90.01	09001	COMMUNITY CLINIC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	467	3,456	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,983	50,232	6,436	11,230	3,360	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	246	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			CAPITAL RELATED COSTS						
			BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	15 N MAIN BLDG (SQUARE FEET)		
			1.00	1.01	1.02	1.03	1.04		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	237	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	32	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	468	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	1,360	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	37,058	1,683,610	5,421	24,446	5,057		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.501053	33.353342	0.692514	2.176848	1.505060		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)							204.00
205.00		Unit cost multiplier (Wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description	CAPITAL RELATED COSTS					
	MVBLE EQUIP (DEPRECIATION)	MVBLE EQUIP NEW BLDG (DEPRECIATION)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIE)	
	2.00	2.01	4.00	5.06	5.08	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02 00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03 00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04 00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,249				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	338,490			2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	9,722,067		4.00
5.06 00540	NONPATIENT TELEPHONES	0	0	0	203	5.06
5.08 00590	PURCHASING, RECEIVING AND STORES	0	0	45,424	1	999,186
5.09 00570	ADMINING	0	0	200,700	5	7,101
5.10 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	395,119	10	27,465
5.11 00591	OTHER ADMINISTRATIVE AND OTHER	2,763	10,038	799,995	27	50,432
6.00 00600	MAINTENANCE & REPAIRS	0	5,163	241,245	5	18,676
6.01 00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	624	0	38,875	2	547
9.00 00900	HOUSEKEEPING	0	0	329,200	0	30,182
9.01 00901	HOUSEKEEPING - POST 10/1/15	0	0	0	0	0
10.00 01000	DIETARY	0	6,242	171,390	4	11,688
11.00 01100	CAFETERIA	0	4,817	132,277	1	0
13.00 01300	NURSING ADMINISTRATION	0	0	361,133	4	3,275
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	24,897	1	3,167
15.00 01500	PHARMACY	0	13,029	284,565	4	12,624
16.00 01600	MEDICAL RECORDS & LIBRARY	862	1,044	360,418	10	3,569
17.00 01700	SOCIAL SERVICE	0	0	27,254	1	36
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	40,191	1,603,673	16	49,007
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	60,473	105,205	6	43,420
53.00 05300	ANESTHESIOLOGY	0	0	0	1	2,162
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	42,231	458,087	13	28,156
54.01 05401	ONCOLOGY	0	2,933	202,824	3	0
56.00 05600	RADIOISOTOPE	0	0	62,122	1	5,336
57.00 05700	CT SCAN	0	28,686	49,734	1	11,851
58.00 05800	MRI	0	0	0	0	405
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	59,973	425,648	6	262,452
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	7,520	239,612	11	21,554
66.00 06600	PHYSICAL THERAPY	0	602	345,334	4	2,953
67.00 06700	OCCUPATIONAL THERAPY	0	1,194	112,535	1	1,622
68.00 06800	SPEECH PATHOLOGY	0	0	78,233	1	24
69.00 06900	ELECTROCARDIOLOGY	0	11,329	7,470	0	447
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	924	0	1,173
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	276,227
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,079
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03950	SENIOR LIFE SOLUTIONS	0	1,435	155,336	4	2,815
76.97 07697	CARDIAC REHABILITATION	0	3,239	29,357	1	48
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	16,312	1,853,030	40	65,493
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	15,906	2	523
90.01 09001	COUMADIN CLINIC	0	0	21,649	0	3,140
90.02 04050	TELEMEDICINE	0	0	273	4	0
91.00 09100	EMERGENCY	0	21,336	482,529	12	33,112
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,249	337,787	9,661,973	202	998,761

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIE)			
	MVBLE EQUIP (DEPRECIATI I ON)	MVBLE EQUIP NEW BLDG (DEPRECIATI I ON)						
	2.00	2.01					4.00	5.06
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
192.01	19201	FITNESS CENTER	0	703	60,094	1	425	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,902	349,854	2,477,930	104,434	61,113	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.507178	1.033573	0.254877	514.453202	0.061163	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	2,589	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.002591	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			ADMINISTRATIVE (GROSS I/P CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.09	5.10	5A.11	5.11	6.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMINISTRATIVE	4,918,603					5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	34,922,581				5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER	0	0	-2,339,950	18,310,515		5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	280,162	54,894	6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	0	0	0	647,072	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	134,132	561	8.00
9.00	00900	HOUSEKEEPING	0	0	0	256,418	421	9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0	0	213,518	0	9.01
10.00	01000	DIETARY	0	0	0	301,384	0	10.00
11.00	01100	CAFETERIA	0	0	0	245,106	4,714	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	471,025	660	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	62,975	2,560	14.00
15.00	01500	PHARMACY	0	0	0	1,801,277	858	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	532,142	896	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	40,820	232	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	288,320	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,637,665	1,757,478	0	2,256,733	4,442	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	376	764,427	0	607,409	1,737	50.00
53.00	05300	ANESTHESIOLOGY	843	463,745	0	19,725	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	280,509	2,747,173	0	911,156	3,361	54.00
54.01	05401	ONCOLOGY	21,797	360,631	0	347,325	1,188	54.01
56.00	05600	RADIOISOTOPE	30,616	689,116	0	142,143	490	56.00
57.00	05700	CT SCAN	362,206	5,391,677	0	277,817	0	57.00
58.00	05800	MRI	43,113	1,275,722	0	213,967	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	703,671	6,708,164	0	1,325,865	1,726	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	283,307	980,150	0	536,009	785	65.00
66.00	06600	PHYSICAL THERAPY	363,218	1,871,166	0	509,668	6,883	66.00
67.00	06700	OCCUPATIONAL THERAPY	175,452	455,203	0	156,838	0	67.00
68.00	06800	SPEECH PATHOLOGY	22,324	94,558	0	89,244	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,980	318,940	0	33,934	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	618	6,484	0	4,106	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,594	308,517	0	307,608	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,065	70,365	0	20,598	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	729,038	4,935,553	0	136,785	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	904,753	0	336,383	1,680	76.00
76.97	07697	CARDIAC REHABILITATION	0	149,282	0	49,690	646	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	2,556,181	0	2,735,596	9,851	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	24,623	0	25,191	1,033	90.00
90.01	09001	COUMADIN CLINIC	0	117,708	0	32,760	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	2,704	0	90.02
91.00	09100	EMERGENCY	94,211	1,970,965	0	1,871,788	1,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,918,603	34,922,581	-2,339,950	18,225,393	45,856	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,205	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			ADMINISTRATIVE (GROSS I/P CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND OTHER (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.09	5.10	5A.11	5.11	6.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	356	575	192.00
192.01	19201	FITNESS CENTER	0	0	0	74,917	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	702	1,134	192.03
192.04	19204	VACANT SPACE	0	0	0	942	7,329	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	283,248	670,786		2,339,950	315,965	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.057587	0.019208		0.127793	5.755911	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,295	8,993		430,582	81,709	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004329	0.000258		0.023516	1.488487	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		MAINTENANCE & REPAIRS- POST 10/1/15 (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - POST 10/1/15 (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.01	8.00	9.00	9.01	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.06	00540	NONPATIENT TELEPHONES					5.06
5.08	00590	PURCHASING, RECEIVING AND STORES					5.08
5.09	00570	ADMITTING					5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15	69,664				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	426	22,497			8.00
9.00	00900	HOUSEKEEPING	852	2,907	98,650		9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15	0	0	0	229,226	9.01
10.00	01000	DIETARY	2,829	1,056	9,050	14,650	42,967
11.00	01100	CAFETERIA	1,179	0	0	5,000	19,592
13.00	01300	NURSING ADMINISTRATION	346	0	25	300	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,370	0	1,075	875	0
15.00	01500	PHARMACY	1,350	0	2,575	3,075	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,359	0	1,350	2,500	0
17.00	01700	SOCIAL SERVICE	95	0	0	300	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,365	9,445	26,425	58,800	19,904
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,275	1,574	3,550	13,950	275
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545	2,096	6,825	7,098	0
54.01	05401	ONCOLOGY	2,760	159	2,675	13,075	328
56.00	05600	RADIOISOTOPE	296	0	0	725	0
57.00	05700	CT SCAN	911	0	0	1,400	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,708	125	5,400	7,150	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,196	114	3,450	8,725	0
66.00	06600	PHYSICAL THERAPY	5,461	801	6,950	9,900	0
67.00	06700	OCCUPATIONAL THERAPY	708	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	120	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	SENIOR LIFE SOLUTIONS	1,680	0	2,950	2,550	2,868
76.97	07697	CARDIAC REHABILITATION	222	0	650	1,900	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	10,124	0	13,450	30,025	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	130	0	0	700	0
90.01	09001	COUMADIN CLINIC	0	0	0	0	0
90.02	04050	TELEMEDICINE	0	0	0	0	0
91.00	09100	EMERGENCY	5,883	3,611	12,250	46,528	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,190	21,888	98,650	229,226	42,967
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	419	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			MAINTENANCE & REPAIRS- POST 10/1/15 (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - POST 10/1/15 (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.01	8.00	9.00	9.01	10.00	
192.01	19201	FITNESS CENTER	55	609	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	729,763	158,965	321,075	240,804	421,841	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.475468	7.066053	3.254688	1.050509	9.817790	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	15,217	14,956	25,792	5,021	73,009	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.218434	0.664800	0.261450	0.021904	1.699188	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.06	00540	NONPATIENT TELEPHONES						5.06
5.08	00590	PURCHASING, RECEIVING AND STORES						5.08
5.09	00570	ADMITTING						5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	12,892					11.00
13.00	01300	NURSING ADMINISTRATION	576	80,460				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68	0	837,832			14.00
15.00	01500	PHARMACY	354	0	6,342	1,346,781		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,009	0	2,296	0	3,380	16.00
17.00	01700	SOCIAL SERVICE	74	0	36	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,880	54,816	48,920	0	1,073	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	179	3,477	43,420	0	35	50.00
53.00	05300	ANESTHESIOLOGY	0	0	2,162	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	768	0	28,156	0	82	54.00
54.01	05401	ONCOLOGY	280	6,055	0	0	584	54.01
56.00	05600	RADIOISOTOPE	98	0	5,336	0	0	56.00
57.00	05700	CT SCAN	91	0	11,851	0	0	57.00
58.00	05800	MRI	0	0	405	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	926	0	261,308	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	340	0	21,554	0	77	65.00
66.00	06600	PHYSICAL THERAPY	522	0	2,953	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	186	0	1,622	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	95	0	24	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20	0	447	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	0	1,173	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	276,227	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,079	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,346,781	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	285	0	2,780	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	43	0	48	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	3,070	0	65,493	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	21	460	523	0	0	90.00
90.01	09001	COUMADIN CLINIC	21	0	3,140	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	750	15,652	33,112	0	1,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,657	80,460	837,407	1,346,781	3,380	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1

Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	174	0	425	0	0	192.01
192.02	19202	RETAIL PHARMACY	61	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	513,516	561,982	107,236	2,077,073	667,044	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.832144	6.984613	0.127992	1.542250	197.350296	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,452	22,796	34,742	87,540	51,992	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.007757	0.283321	0.041467	0.064999	15.382249	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG		1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG		1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG		1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG		1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.06	00540	NONPATIENT TELEPHONES		5.06
5.08	00590	PURCHASING, RECEIVING AND STORES		5.08
5.09	00570	ADMITTING		5.09
5.10	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.10
5.11	00591	OTHER ADMINISTRATIVE AND OTHER		5.11
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MAINTENANCE & REPAIRS- POST 10/1/15		6.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING - POST 10/1/15		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	1,365	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	1,328	30.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	ONCOLOGY	37	54.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	COUMADIN CLINIC	0	90.01
90.02	04050	TELEMEDICINE	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,365	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet B-1  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			17.00	19.00	
192.01	19201	FITNESS CENTER	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	192.02
192.03	19203	LEASED SPACE	0	0	192.03
192.04	19204	VACANT SPACE	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	192.06
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	51,635	325,165	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.827839	3,251.650000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,791	6,780	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.777289	67.800000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					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	3,844,564		3,844,564	0	0	30.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	876,100		876,100	0	0	50.00
53.00	05300	ANESTHESIOLOGY	347,688		347,688	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,199,885		1,199,885	0	0	54.00
54.01	05401	ONCOLOGY	624,344		624,344	0	0	54.01
56.00	05600	RADIOISOTOPE	171,578		171,578	0	0	56.00
57.00	05700	CT SCAN	329,476		329,476	0	0	57.00
58.00	05800	MRI	241,362		241,362	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	1,629,903		1,629,903	0	0	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	705,679	0	705,679	0	0	65.00
66.00	06600	PHYSICAL THERAPY	731,475	0	731,475	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	191,915	0	191,915	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	105,693	0	105,693	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	39,125		39,125	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,821		4,821	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	382,272		382,272	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,544		25,544	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,231,338		2,231,338	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	458,784		458,784	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	67,915		67,915	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	3,453,917		3,453,917	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	40,569		40,569	0	0	90.00
90.01	09001	COUMADIN CLINIC	38,184		38,184	0	0	90.01
90.02	04050	TELEMEDICINE	3,050		3,050	0	0	90.02
91.00	09100	EMERGENCY	2,738,579		2,738,579	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	358,596		358,596	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	20,842,356	0	20,842,356	0	0	200.00
201.00		Less Observation Beds	358,596		358,596			201.00
202.00		Total (see instructions)	20,483,760	0	20,483,760	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

		Title XVIII			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,637,665		1,637,665		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,505	762,922	764,427	1.146087	50.00
53.00	05300	ANESTHESIOLOGY	843	462,902	463,745	0.749740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	280,509	2,466,664	2,747,173	0.436771	54.00
54.01	05401	ONCOLOGY	21,797	338,834	360,631	1.731254	54.01
56.00	05600	RADIOISOTOPE	30,616	658,500	689,116	0.248983	56.00
57.00	05700	CT SCAN	362,206	5,029,471	5,391,677	0.061108	57.00
58.00	05800	MRI	43,113	1,232,609	1,275,722	0.189196	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	703,671	6,004,493	6,708,164	0.242973	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	283,307	696,843	980,150	0.719970	65.00
66.00	06600	PHYSICAL THERAPY	363,218	1,507,948	1,871,166	0.390919	66.00
67.00	06700	OCCUPATIONAL THERAPY	175,452	279,751	455,203	0.421603	67.00
68.00	06800	SPEECH PATHOLOGY	22,324	72,234	94,558	1.117758	68.00
69.00	06900	ELECTROCARDIOLOGY	19,980	298,960	318,940	0.122672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	618	5,866	6,484	0.743523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,594	159,923	308,517	1.239063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,065	69,300	70,365	0.363021	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	729,038	4,320,901	5,049,939	0.441854	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	904,753	904,753	0.507082	76.00
76.97	07697	CARDIAC REHABILITATION	0	149,282	149,282	0.454944	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	2,556,181	2,556,181		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	24,623	24,623	1.647606	90.00
90.01	09001	COUMADIN CLINIC	0	117,708	117,708	0.324396	90.01
90.02	04050	TELEMEDICINE	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	94,211	1,876,754	1,970,965	1.389461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	115,278	115,278	3.110706	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,919,732	30,112,700	35,032,432		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,919,732	30,112,700	35,032,432		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet C Part I Date/Time Prepared: 9/23/2016 1:21 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 COUMADIN CLINIC	0.000000		90.01
90.02	04050 TELEMEDICINE	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					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	3,844,564		3,844,564	0	3,844,564	30.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	876,100		876,100	0	876,100	50.00
53.00	05300	ANESTHESIOLOGY	347,688		347,688	0	347,688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,199,885		1,199,885	0	1,199,885	54.00
54.01	05401	ONCOLOGY	624,344		624,344	0	624,344	54.01
56.00	05600	RADIOISOTOPE	171,578		171,578	0	171,578	56.00
57.00	05700	CT SCAN	329,476		329,476	0	329,476	57.00
58.00	05800	MRI	241,362		241,362	0	241,362	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	1,629,903		1,629,903	0	1,629,903	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	705,679	0	705,679	0	705,679	65.00
66.00	06600	PHYSICAL THERAPY	731,475	0	731,475	0	731,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	191,915	0	191,915	0	191,915	67.00
68.00	06800	SPEECH PATHOLOGY	105,693	0	105,693	0	105,693	68.00
69.00	06900	ELECTROCARDIOLOGY	39,125		39,125	0	39,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,821		4,821	0	4,821	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	382,272		382,272	0	382,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,544		25,544	0	25,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,231,338		2,231,338	0	2,231,338	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	458,784		458,784	0	458,784	76.00
76.97	07697	CARDIAC REHABILITATION	67,915		67,915	0	67,915	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	3,453,917		3,453,917	0	3,453,917	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	40,569		40,569	0	40,569	90.00
90.01	09001	COUMADIN CLINIC	38,184		38,184	0	38,184	90.01
90.02	04050	TELEMEDICINE	3,050		3,050	0	3,050	90.02
91.00	09100	EMERGENCY	2,738,579		2,738,579	0	2,738,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	358,596		358,596		358,596	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	20,842,356	0	20,842,356	0	20,842,356	200.00
201.00		Less Observation Beds	358,596		358,596		358,596	201.00
202.00		Total (see instructions)	20,483,760	0	20,483,760	0	20,483,760	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,637,665		1,637,665		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,505	762,922	764,427	1.146087	50.00
53.00	05300	ANESTHESIOLOGY	843	462,902	463,745	0.749740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	280,509	2,466,664	2,747,173	0.436771	54.00
54.01	05401	ONCOLOGY	21,797	338,834	360,631	1.731254	54.01
56.00	05600	RADIOISOTOPE	30,616	658,500	689,116	0.248983	56.00
57.00	05700	CT SCAN	362,206	5,029,471	5,391,677	0.061108	57.00
58.00	05800	MRI	43,113	1,232,609	1,275,722	0.189196	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	703,671	6,004,493	6,708,164	0.242973	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	283,307	696,843	980,150	0.719970	65.00
66.00	06600	PHYSICAL THERAPY	363,218	1,507,948	1,871,166	0.390919	66.00
67.00	06700	OCCUPATIONAL THERAPY	175,452	279,751	455,203	0.421603	67.00
68.00	06800	SPEECH PATHOLOGY	22,324	72,234	94,558	1.117758	68.00
69.00	06900	ELECTROCARDIOLOGY	19,980	298,960	318,940	0.122672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	618	5,866	6,484	0.743523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,594	159,923	308,517	1.239063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,065	69,300	70,365	0.363021	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	729,038	4,320,901	5,049,939	0.441854	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	904,753	904,753	0.507082	76.00
76.97	07697	CARDIAC REHABILITATION	0	149,282	149,282	0.454944	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	2,556,181	2,556,181	1.351202	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	24,623	24,623	1.647606	90.00
90.01	09001	COUMADIN CLINIC	0	117,708	117,708	0.324396	90.01
90.02	04050	TELEMEDICINE	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	94,211	1,876,754	1,970,965	1.389461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	115,278	115,278	3.110706	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,919,732	30,112,700	35,032,432		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,919,732	30,112,700	35,032,432		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet C Part I Date/Time Prepared: 9/23/2016 1:21 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 COUMADIN CLINIC	0.000000		90.01
90.02	04050 TELEMEDICINE	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part II Date/Time Prepared: 9/23/2016 1:21 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	271,643	764,427	0.355355	1,505	535	50.00
53.00	05300 ANESTHESIOLOGY	684	463,745	0.001475	843	1	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	194,375	2,747,173	0.070755	167,732	11,868	54.00
54.01	05401 ONCOLOGY	82,691	360,631	0.229295	0	0	54.01
56.00	05600 RADIOISOTOPE	11,394	689,116	0.016534	20,540	340	56.00
57.00	05700 CT SCAN	58,284	5,391,677	0.010810	184,844	1,998	57.00
58.00	05800 MRI	5,566	1,275,722	0.004363	38,990	170	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	173,952	6,708,164	0.025931	345,426	8,957	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	111,989	980,150	0.114257	138,263	15,798	65.00
66.00	06600 PHYSICAL THERAPY	36,210	1,871,166	0.019352	36,301	702	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,481	455,203	0.016434	16,699	274	67.00
68.00	06800 SPEECH PATHOLOGY	2,867	94,558	0.030320	2,272	69	68.00
69.00	06900 ELECTROCARDIOLOGY	12,815	318,940	0.040180	13,505	543	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	160	6,484	0.024676	618	15	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,127	308,517	0.065238	71,875	4,689	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,304	70,365	0.018532	1,065	20	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	95,186	5,049,939	0.018849	284,937	5,371	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	22,557	904,753	0.024932	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	10,775	149,282	0.072179	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	331,415	2,556,181	0.129652	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	5,632	24,623	0.228729	0	0	90.00
90.01	09001 COUMADIN CLINIC	1,064	117,708	0.009039	0	0	90.01
90.02	04050 TELEMEDICINE	64	0	0.000000	0	0	90.02
91.00	09100 EMERGENCY	226,470	1,970,965	0.114903	253	29	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	37,357	115,278	0.324060	0	0	92.00
200.00	Total (lines 50-199)	1,722,062	33,394,767		1,325,668	51,379	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	325,165	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ONCOLOGY	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	COUMADIN CLINIC	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	325,165	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part IV Date/Time Prepared: 9/23/2016 1:21 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	764,427	0.000000	0.000000	1,505	50.00
53.00	05300 ANESTHESIOLOGY	0	463,745	0.701172	0.000000	843	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,747,173	0.000000	0.000000	167,732	54.00
54.01	05401 ONCOLOGY	0	360,631	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	689,116	0.000000	0.000000	20,540	56.00
57.00	05700 CT SCAN	0	5,391,677	0.000000	0.000000	184,844	57.00
58.00	05800 MRI	0	1,275,722	0.000000	0.000000	38,990	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	6,708,164	0.000000	0.000000	345,426	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	980,150	0.000000	0.000000	138,263	65.00
66.00	06600 PHYSICAL THERAPY	0	1,871,166	0.000000	0.000000	36,301	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	455,203	0.000000	0.000000	16,699	67.00
68.00	06800 SPEECH PATHOLOGY	0	94,558	0.000000	0.000000	2,272	68.00
69.00	06900 ELECTROCARDIOLOGY	0	318,940	0.000000	0.000000	13,505	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,484	0.000000	0.000000	618	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	308,517	0.000000	0.000000	71,875	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	70,365	0.000000	0.000000	1,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,049,939	0.000000	0.000000	284,937	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0	904,753	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	149,282	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	2,556,181	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	24,623	0.000000	0.000000	0	90.00
90.01	09001 COUMADIN CLINIC	0	117,708	0.000000	0.000000	0	90.01
90.02	04050 TELEMEDICINE	0	0	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	1,970,965	0.000000	0.000000	253	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	115,278	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	33,394,767			1,325,668	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost
		11.00	12.00	13.00	
Title XVIII Hospital Cost					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	591	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ONCOLOGY	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 COUMADIN CLINIC	0	0	0	90.01
90.02	04050 TELEMEDICINE	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	591	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/23/2016 1:21 pm
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		Title XVIII		Hospital		Cost		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1.146087	0	441,222	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.749740	0	259,398	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.436771	0	961,212	0	0	54.00
54.01	05401	ONCOLOGY	1.731254	0	153,095	0	0	54.01
56.00	05600	RADIOISOTOPE	0.248983	0	310,062	0	0	56.00
57.00	05700	CT SCAN	0.061108	0	2,040,727	0	0	57.00
58.00	05800	MRI	0.189196	0	377,768	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.242973	0	2,667,714	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.719970	0	238,961	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.390919	0	499,478	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.421603	0	43,733	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.117758	0	3,343	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122672	0	155,264	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.743523	0	1,544	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.239063	0	74,272	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.363021	0	52,080	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441854	0	2,128,402	105	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.507082	0	899,004	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.454944	0	65,248	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.647606	0	18,491	84	0	90.00
90.01	09001	COUMADIN CLINIC	0.324396	0	107,212	0	0	90.01
90.02	04050	TELEMEDICINE	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	1.389461	0	696,788	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3.110706	0	50,575	0	0	92.00
200.00		Subtotal (see instructions)		0	12,245,593	189	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)		0	12,245,593	189	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/23/2016 1:21 pm
		Title XVIII	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	505,679	0	50.00
53.00	05300 ANESTHESIOLOGY	194,481	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	419,830	0	54.00
54.01	05401 ONCOLOGY	265,046	0	54.01
56.00	05600 RADIOISOTOPE	77,200	0	56.00
57.00	05700 CT SCAN	124,705	0	57.00
58.00	05800 MRI	71,472	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	648,182	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	172,045	0	65.00
66.00	06600 PHYSICAL THERAPY	195,255	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	18,438	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,737	0	68.00
69.00	06900 ELECTROCARDIOLOGY	19,047	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,148	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	92,028	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,906	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	940,443	46	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	455,869	0	76.00
76.97	07697 CARDIAC REHABILITATION	29,684	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	30,466	138	90.00
90.01	09001 COUMADIN CLINIC	34,779	0	90.01
90.02	04050 TELEMEDICINE	0	0	90.02
91.00	09100 EMERGENCY	968,160	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	157,324	0	92.00
200.00	Subtotal (see instructions)	5,443,924	184	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	5,443,924	184	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141307

Period: From 05/01/2015

Worksheet D

Component CCN: 14Z307

To 04/30/2016

Part V  
Date/Time Prepared:  
9/23/2016 1:21 pm

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	1.146087	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.749740	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.436771	0	0	0	0
54.01 05401 ONCOLOGY	1.731254	0	0	0	0
56.00 05600 RADIOISOTOPE	0.248983	0	0	0	0
57.00 05700 CT SCAN	0.061108	0	0	0	0
58.00 05800 MRI	0.189196	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.242973	0	0	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.719970	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.390919	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.421603	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	1.117758	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.122672	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.743523	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.239063	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.363021	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.441854	0	0	0	0
76.00 03950 SENIOR LIFE SOLUTIONS	0.507082	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.454944	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	1.647606	0	0	0	0
90.01 09001 COUMADIN CLINIC	0.324396	0	0	0	0
90.02 04050 TELEMEDICINE	0.000000	0	0	0	0
91.00 09100 EMERGENCY	1.389461	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3.110706	0	0	0	0
200.00 Subtotal (see instructions)		0	0	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period:	Worksheet D
	Component CCN: 14Z307	From 05/01/2015 To 04/30/2016	Part V Date/Time Prepared: 9/23/2016 1:21 pm
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ONCOLOGY	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	COUMADIN CLINIC	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/23/2016 1:21 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	1.146087	0	74,785	0	50.00
53.00	05300 ANESTHESIOLOGY	0.749740	0	43,493	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.436771	0	374,801	0	54.00
54.01	05401 ONCOLOGY	1.731254	0	62,211	0	54.01
56.00	05600 RADIOISOTOPE	0.248983	0	75,801	0	56.00
57.00	05700 CT SCAN	0.061108	0	865,381	0	57.00
58.00	05800 MRI	0.189196	0	242,448	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.242973	0	807,925	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.719970	0	124,174	0	65.00
66.00	06600 PHYSICAL THERAPY	0.390919	0	114,224	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.421603	0	87,359	0	67.00
68.00	06800 SPEECH PATHOLOGY	1.117758	0	63,781	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122672	0	33,485	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.743523	0	1,853	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.239063	0	1,240	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.363021	0	4,200	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.441854	0	614,272	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.507082	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.454944	0	6,584	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	1.351202				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	1.647606	0	2,205	0	90.00
90.01	09001 COUMADIN CLINIC	0.324396	0	0	0	90.01
90.02	04050 TELEMEDICINE	0.000000	0	0	0	90.02
91.00	09100 EMERGENCY	1.389461	0	465,334	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3.110706	0	15,621	0	92.00
200.00	Subtotal (see instructions)		0	4,081,177	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)		0	4,081,177	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/23/2016 1:21 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	85,710	0	50.00
53.00	05300	ANESTHESIOLOGY	32,608	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,702	0	54.00
54.01	05401	ONCOLOGY	107,703	0	54.01
56.00	05600	RADIOISOTOPE	18,873	0	56.00
57.00	05700	CT SCAN	52,882	0	57.00
58.00	05800	MRI	45,870	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	196,304	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	89,402	0	65.00
66.00	06600	PHYSICAL THERAPY	44,652	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,831	0	67.00
68.00	06800	SPEECH PATHOLOGY	71,292	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,108	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,378	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,536	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,525	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	271,419	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,995	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	3,633	0	90.00
90.01	09001	COUMADIN CLINIC	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	90.02
91.00	09100	EMERGENCY	646,563	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	48,592	0	92.00
200.00		Subtotal (see instructions)	1,927,578	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)	1,927,578	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 9/23/2016 1:21 pm
Cost Center Description				Cost
				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)		2,847	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,635	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,393	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		642	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)		293	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		100	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)		177	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		946	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)		642	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)		293	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		131.13	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		131.13	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,844,564	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)		13,113	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)		23,210	25.00
26.00	Total swing-bed cost (see instructions)		1,421,815	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,422,749	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)		2,422,749	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)		1,481.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,401,792	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)		1,401,792	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D-1 Date/Time Prepared: 9/23/2016 1:21 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00
42.00	Intensive Care Type Inpatient Hospital Units						42.00
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						524,462
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,926,254
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						951,322
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						434,170
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						1,385,492
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)						242
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,481.80
89.00	Observation bed cost (line 87 x line 88) (see instructions)						358,596

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet D-1  
Date/Time Prepared:  
9/23/2016 1:21 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	400,515	3,844,564	0.104177	358,596	37,357	90.00
91.00	Nursing School cost	0	3,844,564	0.000000	358,596	0	91.00
92.00	Allied health cost	0	3,844,564	0.000000	358,596	0	92.00
93.00	All other Medical Education	0	3,844,564	0.000000	358,596	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D-3 Date/Time Prepared: 9/23/2016 1:21 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		871,458		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	1.146087	1,505	1,725	50.00
53.00	05300 ANESTHESIOLOGY	0.749740	843	632	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.436771	167,732	73,260	54.00
54.01	05401 ONCOLOGY	1.731254	0	0	54.01
56.00	05600 RADIOISOTOPE	0.248983	20,540	5,114	56.00
57.00	05700 CT SCAN	0.061108	184,844	11,295	57.00
58.00	05800 MRI	0.189196	38,990	7,377	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.242973	345,426	83,929	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.719970	138,263	99,545	65.00
66.00	06600 PHYSICAL THERAPY	0.390919	36,301	14,191	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.421603	16,699	7,040	67.00
68.00	06800 SPEECH PATHOLOGY	1.117758	2,272	2,540	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122672	13,505	1,657	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.743523	618	459	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.239063	71,875	89,058	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.363021	1,065	387	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.441854	284,937	125,901	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.507082	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.454944	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.647606	0	0	90.00
90.01	09001 COUMADIN CLINIC	0.324396	0	0	90.01
90.02	04050 TELEMEDICINE	0.000000	0	0	90.02
91.00	09100 EMERGENCY	1.389461	253	352	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3.110706	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,325,668	524,462	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)		1,325,668		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307 Component CCN: 14Z307	Period: From 05/01/2015 To 04/30/2016	Worksheet D-3 Date/Time Prepared: 9/23/2016 1:21 pm	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	1.146087	0	50.00
53.00	05300	ANESTHESIOLOGY	0.749740	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.436771	29,827	54.00
54.01	05401	ONCOLOGY	1.731254	0	54.01
56.00	05600	RADIOISOTOPE	0.248983	1,842	56.00
57.00	05700	CT SCAN	0.061108	31,852	57.00
58.00	05800	MRI	0.189196	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.242973	135,895	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.719970	63,558	65.00
66.00	06600	PHYSICAL THERAPY	0.390919	252,209	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.421603	119,357	67.00
68.00	06800	SPEECH PATHOLOGY	1.117758	16,272	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122672	1,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.743523	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.239063	32,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.363021	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441854	221,852	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.507082	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.454944	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	1.647606	0	90.00
90.01	09001	COUMADIN CLINIC	0.324396	0	90.01
90.02	04050	TELEMEDICINE	0.000000	0	90.02
91.00	09100	EMERGENCY	1.389461	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3.110706	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		907,246	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)		907,246	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet D-3 Date/Time Prepared: 9/23/2016 1:21 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		103,072	30.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	1.146087	0	50.00
53.00	05300	ANESTHESIOLOGY	0.749740	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.436771	15,901	54.00
54.01	05401	ONCOLOGY	1.731254	6,014	54.01
56.00	05600	RADIOISOTOPE	0.248983	1,594	56.00
57.00	05700	CT SCAN	0.061108	24,147	57.00
58.00	05800	MRI	0.189196	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.242973	40,885	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.719970	15,529	65.00
66.00	06600	PHYSICAL THERAPY	0.390919	324	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.421603	368	67.00
68.00	06800	SPEECH PATHOLOGY	1.117758	473	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122672	1,665	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.743523	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.239063	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.363021	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441854	30,130	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.507082	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.454944	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	1.351202	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.647606	0	90.00
90.01	09001	COUMADIN CLINIC	0.324396	0	90.01
90.02	04050	TELEMEDICINE	0.000000	0	90.02
91.00	09100	EMERGENCY	1.389461	27,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3.110706	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		164,273	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)		164,273	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet E Part B Date/Time Prepared: 9/23/2016 1:21 pm
		Title XVII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			5,444,108 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			5,444,108 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 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)			0 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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			5,498,549 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			28,777 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,909,313 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)			3,560,459 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)			3,560,459 30.00
31.00	Primary payer payments			1,469 31.00
32.00	Subtotal (line 30 minus line 31)			3,558,990 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)			225,887 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			146,827 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			158,872 36.00
37.00	Subtotal (see instructions)			3,705,817 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			3,705,817 40.00
40.01	Sequestration adjustment (see instructions)			74,116 40.01
41.00	Interim payments			3,706,945 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-75,244 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: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,587,037		3,015,707	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	04/19/2016	137,824	11/24/2015	78,533	3.01	
3.02			0	04/19/2016	612,705	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	11/24/2015	130,589		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)		7,235		691,238	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,594,272		3,706,945	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		131,503		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		75,244	6.02	
7.00	Total Medicare program liability (see instructions)		1,725,775		3,631,701	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141307

Period: From 05/01/2015

Worksheet E-1

Component CCN: 14Z307

To 04/30/2016

Part I  
Date/Time Prepared:  
9/23/2016 1:21 pm

Title XVIII

Swing Beds - SNF

Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,724,464		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	04/19/2016	71,246		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	11/24/2015	75,405		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)		-4,159		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,720,305		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,629		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,732,934		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet E-1  
Part II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Title XVIII		Hospital	Cost
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	403	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	946	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	97	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	1,393	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	35,032,432	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	266,691	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	598,938	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	571,686	8.00
9.00	Sequestration adjustment amount (see instructions)	11,434	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	560,252	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	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)	560,252	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 141307 Component CCN: 14Z307	Period: From 05/01/2015 To 04/30/2016	Worksheet E-2 Date/Time Prepared: 9/23/2016 1:21 pm
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,399,347	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	404,125	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	935	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	1,803,472	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	1,803,472	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	1,803,472	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	35,172	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	1,768,300	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	1,768,300	0	19.00
19.01	Sequestration adjustment (see instructions)	35,366	0	19.01
20.00	Interim payments	1,720,305	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	12,629	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2015 To 04/30/2016	Worksheet E-3 Part V Date/Time Prepared: 9/23/2016 1:21 pm
		Title XVIII	Hospital	Cost
				1.00
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT</b>				
1.00	Inpatient services			1,926,254 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			1,926,254 4.00
5.00	Primary payer payments			9,331 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			1,936,186 6.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
<b>Customary charges</b>				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			1,936,186 19.00
20.00	Deductibles (exclude professional component)			209,928 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			1,726,258 22.00
23.00	Coinsurance			3,150 23.00
24.00	Subtotal (line 22 minus line 23)			1,723,108 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			58,287 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			37,887 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			40,677 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			1,760,995 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (see instructions)			1,760,995 30.00
30.01	Sequestration adjustment (see instructions)			35,220 30.01
31.00	Interim payments			1,594,272 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)			131,503 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 34.00

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

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet G

Date/Time Prepared:  
9/23/2016 1:21 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	3,645,112	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	3,409,930	0	0	0	4.00
5.00	Other receivable	345,294	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	224,962	0	0	0	7.00
8.00	Prepaid expenses	220,746	0	0	0	8.00
9.00	Other current assets	596,715	0	0	124,311	9.00
10.00	Due from other funds	364,537	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	8,807,296	0	0	124,311	11.00
<b>FIXED ASSETS</b>						
12.00	Land	658,227	0	0	0	12.00
13.00	Land improvements	2,819,384	0	0	0	13.00
14.00	Accumulated depreciation	-171,151	0	0	0	14.00
15.00	Buildings	29,315,544	0	0	0	15.00
16.00	Accumulated depreciation	-2,185,331	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	5,001,668	0	0	0	23.00
24.00	Accumulated depreciation	-3,424,536	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	1,682,323	0	0	0	27.00
28.00	Accumulated depreciation	-1,296,954	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)	32,399,174	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	1	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	41,206,471	0	0	124,311	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	642,901	0	0	0	37.00
38.00	Salaries, wages, and fees payable	950,028	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	132,648	0	0	0	40.00
41.00	Deferred income	281,820	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	647,918	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,655,315	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	23,170,462	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	23,170,462	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	25,825,777	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	15,380,694	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	124,311	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	15,380,694	0	0	124,311	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	41,206,471	0	0	124,311	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet G-1

Date/Time Prepared:  
9/23/2016 1:21 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		15,729,849		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-349,155				2.00
3.00	Total (sum of line 1 and line 2)		15,380,694		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)		15,380,694		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)		15,380,694		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		124,311			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		124,311			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		124,311			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		124,311			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
9/23/2016 1:21 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	1,637,665		1,637,665	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,637,665		1,637,665	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,637,665		1,637,665	17.00
18.00	Ancillary services	3,186,727	25,423,285	28,610,012	18.00
19.00	Outpatient services	94,211	2,134,363	2,228,574	19.00
20.00	RURAL HEALTH CLINIC	0	2,556,181	2,556,181	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	68,994	1,572,878	1,641,872	27.00
27.01	340 GROSS UP	0	-114,386	-114,386	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,987,597	31,572,321	36,559,918	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		22,135,562		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)		22,135,562		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2015  
To 04/30/2016

Worksheet G-3

Date/Time Prepared:  
9/23/2016 1:21 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	36,559,918	1.00
2.00	Less contractual allowances and discounts on patients' accounts	15,998,380	2.00
3.00	Net patient revenues (line 1 minus line 2)	20,561,538	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	22,135,562	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,574,024	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	27,890	6.00
7.00	Income from investments	26,427	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	125,356	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	37,375	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	4,535	17.00
18.00	Revenue from sale of medical records and abstracts	170	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	310	21.00
22.00	Rental of hospital space	19,470	22.00
23.00	Governmental appropriations	303,653	23.00
24.00	CONTRACT SERVICES	52,841	24.00
24.01	MISC OPERATING REVENUE	51,339	24.01
24.02	MISC NON-OPERATING REVENUE	6,051	24.02
24.03	340B DISCOUNT	569,452	24.03
25.00	Total other income (sum of lines 6-24)	1,224,869	25.00
26.00	Total (line 5 plus line 25)	-349,155	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)	-349,155	29.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet M-1 Date/Time Prepared: 9/23/2016 1:21 pm
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	990,735	1,158	991,893	-216,784	775,109	1.00
2.00	Physician Assistant	311,390	0	311,390	0	311,390	2.00
3.00	Nurse Practitioner	70,607	0	70,607	0	70,607	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	313,520	0	313,520	0	313,520	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	11,880	11,880	-2,692	9,188	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,686,252	13,038	1,699,290	-219,476	1,479,814	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	175,809	175,809	-110,316	65,493	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	22,769	22,769	-2,760	20,009	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	198,578	198,578	-113,076	85,502	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,686,252	211,616	1,897,868	-332,552	1,565,316	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	399,727	14,083	413,810	-12,833	400,977	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	399,727	14,083	413,810	-12,833	400,977	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,085,979	225,699	2,311,678	-345,385	1,966,293	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet M-1 Date/Time Prepared: 9/23/2016 1:21 pm
		Rural Health Clinic (RHC) I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00	Physician	0 775,109	1.00
2.00	Physician Assistant	0 311,390	2.00
3.00	Nurse Practitioner	0 70,607	3.00
4.00	Visiting Nurse	0 0	4.00
5.00	Other Nurse	0 313,520	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 9,188	9.00
10.00	Subtotal (sum of lines 1 through 9)	0 1,479,814	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 65,493	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 20,009	19.00
20.00	Allowable GME Costs	0 0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0 85,502	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0 1,565,316	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0 0	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 0	28.00
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	0 0	29.00
30.00	Administrative Costs	-735 400,242	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-735 400,242	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-735 1,965,558	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet M-2 Date/Time Prepared: 9/23/2016 1:21 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>Positions</b>						
1.00	Physician	2.16	11,123	4,200	9,072	1.00
2.00	Physician Assistant	1.83	6,560	2,100	3,843	2.00
3.00	Nurse Practitioner	0.63	1,869	2,100	1,323	3.00
4.00	Subtotal (sum of lines 1 through 3)	4.62	19,552		14,238	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.62	19,552		19,552	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)	1,565,316	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)	0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	1,565,316	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)	1.000000	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)	400,242	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	1,488,359	15.00
16.00	Total overhead (sum of lines 14 and 15)	1,888,601	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Subtotal (see instructions)	1,888,601	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)	1,888,601	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)	3,453,917	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet M-3 Date/Time Prepared: 9/23/2016 1:21 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)		3,453,917	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		195,958	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		3,257,959	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		19,552	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)		19,552	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		166.63	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)	80.44	81.32	8.00
9.00	Rate for Program covered visits (see instructions)	166.63	166.63	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	5,600	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	933,128	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) *		933,128	16.00
16.01	Total program charges (see instructions)(from contractor's records)		644,246	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		2,165	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		3,136	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.)		692,646	16.04
16.05	Total program cost (see instructions)		695,782	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		64,184	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		115,246	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		695,782	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		128,234	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		824,016	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)		824,016	26.00
26.01	Sequestration adjustment (see instructions)		16,480	26.01
27.00	Interim payments		861,879	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)		-54,343	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet M-4 Date/Time Prepared: 9/23/2016 1:21 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,479,814	1,479,814	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.001788	0.001928	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	2,646	2,853	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	77,805	5,504	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	80,451	8,357	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	1,565,316	1,565,316	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	1,888,601	1,888,601	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.051396	0.005339	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	97,067	10,083	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	177,518	18,440	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	490	528	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	362.28	34.92	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	329	259	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	119,190	9,044	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)		195,958	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)		128,234	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2015 To 04/30/2016	Worksheet M-5 Date/Time Prepared: 9/23/2016 1:21 pm
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		742,493	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		04/19/2016	130,685	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		11/24/2015	11,299	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)		119,386	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		861,879	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		0	6.01
6.02	SETTLEMENT TO PROGRAM		54,343	6.02
7.00	Total Medicare program liability (see instructions)		807,536	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor	National Government Services, Inc.	06101	8.00